Bank of America

Platinum Visa Business Card Company Statement

Credit Limit	$14,250	Billing Date	04-26-06
Cash Limit	$7,125	Days in Billing Cycle	30
Cash Advance Balance	$0.00	Payment Due Date	05-21-06
Available Credit	$13,984	Minimum Payment Due	$10.00
		New Balance	**$266.50**

CENTAUR GIRL PROD INC
11100 8 SEPULVEDA BLVD #512

Company Account Number:
4339 9300 1359 5469

COMPANY SUMMARY

CENTAUR GIRL PROD IN 4339 9300 1359 5469	Previous Balance	- Payments	- Credits	+ Purchases/Other Debits/Fees	+ Cash Advances	+ Finance Charges	= New Balance
Company Total	$0.00	$0.00	$0.00	$266.50	$0.00	$0.00	$266.50

CARDHOLDER NEW ACTIVITY SUMMARY

	Credits	Purchases and Other Debits	Cash Advances	Total Activity
KATHLEEN M GOLD 4339 9300 1359 5774				
Credit Limit $14,250	$0.00	$266.50	$0.00	$266.50

Customer Service
888.449.2273, 24 hours

Outside the U.S.
509.353.6656, 24 hours

For Lost or Stolen Card:
888.449.2273, 24 hours

Send Billing Inquiries to:
BANK OF AMERICA
PO BOX 2463
SPOKANE WA 99210-2463

Finance Charges

	Average Daily Balance	Daily Periodic Rate	Annual Percentage Rate	Periodic Finance Charge
PURCHASES	$0.00	0.00000%	0.00%	$0.00
CASH	$0.00	0.06505%	23.74%	$0.00
Cash Advance Fees				$0.00
Total **Annual Percentage Rate**				0.00%

Company Account Summary

Previous Balance		$0.00
Payments	-	$0.00
Credits	-	$0.00
Purchases/Other Debits/Other Fees	+	$266.50
Cash Advances	+	$0.00
Overlimit Fees	+	$0.00
Late Payment Fees	+	$0.00
Finance Charge	+	$0.00
New Balance	=	$266.50

Please see the reverse side for information about your account.

Posting payments: Payments received by mail at the remittance address shown on the Payment Coupon portion of the face of this statement on a banking day will be posted to your account on the day received. If we receive your mailed payment on a non-banking day, we will post it to your account on the next banking day. There may be a delay of up to 5 banking days in posting payments made at a location other than the mailing address listed on the front of your payment coupon.

Service for the hearing-impaired (TTY/TDD): Contact our service for the hearing-impaired at 1.800.222.7365.

Telephone monitoring: For the purposes of monitoring and improving the quality of service, Bank's supervisory personnel may listen to and/or record telephone calls between Bank employees and any person acting on Company's behalf.

In case of errors or questions about your bill: Errors or questions about your bill must be received in writing no later than 60 days after we sent you the first statement on which the error or problem appeared. Please mail this information to Bank of America, P.O. Box 53101, Phoenix, AZ 85072-3101. Your letter must include the following information:

- The company name, cardholder name and account number in question.
- The dollar amount of the suspected error.
- A written description of the error and why you believe there is an error. If you need more information, describe the item you are unsure about.

Customer Service:	For questions regarding transactions, general assistance, and reporting lost and stolen cards, call:	
	Within the U.S. 1.888.449.2273	Outside the U.S. 509.353.6656 (collect calls accepted)

Recycled paper

Bank of America

Platinum Visa Business Card Company Statement

Credit Limit	$14,250	Billing Date	04-26-06
Cash Limit	$7,125	Days in Billing Cycle	30
Cash Advance Balance	$0.00	Payment Due Date	05-21-06
Available Credit	$13,984	Minimum Payment Due	$10.00
		New Balance	**$266.50**

CENTAUR GIRL PROD INC
11100 8 SEPULVEDA BLVD #512

Company Account Number:
4339 9300 1359 5469

COMPANY DETAIL

Posting Date	Sale Date	Reference Number	Transactions	Amount

CARDHOLDER ACTIVITY

KATHLEEN M GOLD
Credit Limit $14,250

4339 9300 1359 5774
TOTAL ACTIVITY $266.50

Posting Date	Sale Date	Reference Number	Transactions	Amount
04-10	04-09	24210736099207110344429	BONDWARE INC RENDEROSITY 615-333-7775 TN	8.25
04-13	04-12	24210736102207110356998	BONDWARE INC RENDEROSITY 615-333-7775 TN	14.35
04-17	04-14	24445006105431219599694	IN-N-OUT BURGER 000000012SYLMAR CA	11.29
04-17	04-15	24164076106873138018366	TRADER JOE'S #00000448 GRANADA HILLSCA	37.13
04-18	04-17	24765016107286012160006	DAZ PRODUCTIONS 800-495-1777 UT	46.23
04-21	04-20	24492156110820207633671	PAYPAL *QUATTROMAN5 402-935-7733 CA	20.00
04-24	04-21	24692166111000624871701	CLKBANK*COM DOWNLOAD 800-390-6035 ID	48.95
04-24	04-21	24692166111000674088990	2CO.COM*REDVISITS 877-294-0273 OH	28.95
04-25	04-24	24210736114207110413225	BONDWARE INC RENDEROSITY 615-333-7775 TN	21.35
04-26	04-25	24717056116131160962007	GOO GOO DOLLS 510-9571333 CA	30.00

Paid
#108
5/13/06
$266.50

Posting payments: Payments received by mail at the remittance address shown on the Payment Coupon portion of the face of this statement on a banking day will be posted to your account on the day received. If we receive your mailed payment on a non-banking day, we will post it to your account on the next banking day. There may be a delay of up to 5 banking days in posting payments made at a location other than the mailing address listed on the front of your payment coupon.

Service for the hearing-impaired (TTY/TDD): Contact our service for the hearing-impaired at 1.800.222.7365.

Telephone monitoring: For the purposes of monitoring and improving the quality of service, Bank's supervisory personnel may listen to and/or record telephone calls between Bank employees and any person acting on Company's behalf.

In case of errors or questions about your bill: Errors or questions about your bill must be received in writing no later than 60 days after we sent you the first statement on which the error or problem appeared. Please mail this information to Bank of America, P.O. Box 53101, Phoenix, AZ 85072-3101. Your letter must include the following information:

- The company name, cardholder name and account number in question.
- The dollar amount of the suspected error.
- A written description of the error and why you believe there is an error. If you need more information, describe the item you are unsure about.

Customer Service:	For questions regarding transactions, general assistance, and reporting lost and stolen cards, call:	
	Within the U.S. 1.888.449.2273	Outside the U.S. 509.353.6656 (collect calls accepted)

Recycled paper

Thank you for your business.

Please write your change of address here:

Street

City

State Zip

() ()

Home Phone Business Phone

Posting payments: Payments received by mail at the remittance address shown on the Payment Coupon portion of the face of this statement on a banking day will be posted to your account on the day received. If we receive your mailed payment on a non-banking day, we will post it to your account on the next banking day. There may be a delay of up to 5 banking days in posting payments made at a location other than the mailing address listed on the front of your payment coupon.

Bank of America

Platinum Visa Business Card Company Statement

Credit Limit	$14,250	Billing Date	05-26-06
Cash Limit	$7,125	Days in Billing Cycle	30
Cash Advance Balance	$0.00	Payment Due Date	06-20-06
Available Credit	$13,036	Minimum Payment Due	$12.14
		New Balance	**$1,214.33**

CENTAUR GIRL PROD INC
11100 S SEPULVEDA BLVD #512

Company Account Number:
4339 9300 1359 5469

Paid
#110
6/16/06
#1214.33

COMPANY SUMMARY

CENTAUR GIRL PROD IN 4339 9300 1359 5469	Previous Balance	- Payments	- Credits	+ Purchases/Other Debits/Fees	+ Cash Advances	+ Finance Charges	= New Balance
Company Total	$266.50	$266.50	$0.00	$1,214.33	$0.00	$0.00	$1,214.33

CARDHOLDER NEW ACTIVITY SUMMARY

	Credits	Purchases and Other Debits	Cash Advances	Total Activity
KATHLEEN M GOLD 4339 9300 1359 5774				
Credit Limit $14,250	$0.00	$1,214.33	$0.00	$1,214.33

Customer Service
888.449.2273, 24 hours

Outside the U.S.
509.353.6656, 24 hours

For Lost or Stolen Card:
888.449.2273, 24 hours

Send Billing Inquiries to:
BANK OF AMERICA
PO BOX 2463
SPOKANE WA 99210-2463

Finance Charges

	Average Daily Balance	Daily Periodic Rate	Annual Percentage Rate	Periodic Finance Charge
PURCHASES	$0.00	0.00000%	0.00%	$0.00
CASH	$0.00	0.06505%	23.74%	$0.00
Cash Advance Fees				$0.00
Total **Annual Percentage Rate**				0.00%

Company Account Summary

Previous Balance		$266.50
Payments	-	$266.50
Credits	-	$0.00
Purchases/Other Debits/Other Fees	+	$1,214.33
Cash Advances	+	$0.00
Overlimit Fees	+	$0.00
Late Payment Fees	+	$0.00
Finance Charge	+	$0.00
New Balance	=	$1,214.33

Please see the reverse side for information about your account.

Posting payments: Payments received by mail at the remittance address shown on the Payment Coupon portion of the face of this statement on a banking day will be posted to your account on the day received. If we receive your mailed payment on a non-banking day, we will post it to your account on the next banking day. There may be a delay of up to 5 banking days in posting payments made at a location other than the mailing address listed on the front of your payment coupon.

Service for the hearing-impaired (TTY/TDD): Contact our service for the hearing-impaired at 1.800.222.7365.

Telephone monitoring: For the purposes of monitoring and improving the quality of service, Bank's supervisory personnel may listen to and/or record telephone calls between Bank employees and any person acting on Company's behalf.

In case of errors or questions about your bill: Errors or questions about your bill must be received in writing no later than 60 days after we sent you the first statement on which the error or problem appeared. Please mail this information to Bank of America, P.O. Box 53101, Phoenix, AZ 85072-3101. Your letter must include the following information:

- The company name, cardholder name and account number in question.
- The dollar amount of the suspected error.
- A written description of the error and why you believe there is an error. If you need more information, describe the item you are unsure about.

Customer Service:	For questions regarding transactions, general assistance, and reporting lost and stolen cards, call:	
	Within the U.S. 1.888.449.2273	Outside the U.S. 509.353.6656 (collect calls accepted)

Recycled paper

Bank of America

Platinum Visa Business Card Company Statement

Credit Limit	$14,250	Billing Date	05-26-06
Cash Limit	$7,125	Days in Billing Cycle	30
Cash Advance Balance	$0.00	Payment Due Date	06-20-06
Available Credit	$13,036	Minimum Payment Due	$12.14
		New Balance	**$1,214.33**

CENTAUR GIRL PROD INC
11100 8 SEPULVEDA BLVD #512

Company Account Number:
4339 9300 1359 5469

COMPANY DETAIL

Posting Date	Sale Date	Reference Number	Transactions	Amount
05-16	05-16	13685500030418200237875	PAYMENT - THANK YOU	266.50CR

CARDHOLDER ACTIVITY

KATHLEEN M GOLD
Credit Limit $14,250

4339 9300 1359 5774
TOTAL ACTIVITY $1,214.33

Posting Date	Sale Date	Reference Number	Transactions	Amount
04-27	04-26	24493986117207199600029	INTERGRATED HEALING ARTS RESEDA CA	28.00
04-28	04-27	24164076117091008167489	TARGET 00002873 GRANADA HILLSCA	14.06
05-01	04-29	24210736119207110433871	BONDWARE INC RENDEROSITY 615-333-7775 TN	5.62
05-01	04-30	24301336120118000100171	E-ON SOFTWARE 503-3729698 OR	89.00
05-02	05-01	24492156122769010096228	FRY'S ELECTRONICS #8 WOODLAND HILLCA	147.10
05-05	05-03	24789166124544625400027	SYLMAR FAMILY DENTAL SYLMAR CA	85.00
05-05	05-04	24692166124000825106530	DR *SWREG, Inc. CARDQUERY.COMMN	64.95
05-08	05-06	24323016127125761010049	BAJA FRESH 10295 GRANADA HILLSCA	20.84
05-10	05-09	24210736129207110472927	BONDWARE INC RENDEROSITY 615-333-7775 TN	15.95
05-15	05-14	24765016134286012709916	DAZ PRODUCTIONS 800-495-1777 UT	8.16
05-15	05-14	24765016134286012709874	DAZ PRODUCTIONS 800-495-1777 UT	7.95
05-18	05-16	24143236137900014212117	GODADDY.COM 480-5058855 AZ	22.30
05-18	05-16	24266966137980000868240	GODADDY.COM 480-505-8855 AZ	11.15
05-19	05-17	24332396138900770100086	LA CNTR DIGITALART 877-2140668 CA	31.25
05-19	05-18	24492156139769010082302	FRY'S ELECTRONICS #8 WOODLAND HILLCA	389.68
05-22	05-19	24301336139118000100048	E-ON SOFTWARE 503-3729698 OR	99.00
05-23	05-22	24717056143131431697272	PUBLISHERS MARKETPLACE 914-9616986 NY	20.00
05-26	05-25	24692166145000621213014	WRITERSMARKET.COM 877-889-6289 NY	4.32
05-26	05-25	24717056146121467123423	ALAN BAMBERGER SAN FRANCISCOCA	150.00

Posting payments: Payments received by mail at the remittance address shown on the Payment Coupon portion of the face of this statement on a banking day will be posted to your account on the day received. If we receive your mailed payment on a non-banking day, we will post it to your account on the next banking day. There may be a delay of up to 5 banking days in posting payments made at a location other than the mailing address listed on the front of your payment coupon.

Service for the hearing-impaired (TTY/TDD): Contact our service for the hearing-impaired at 1.800.222.7365.

Telephone monitoring: For the purposes of monitoring and improving the quality of service, Bank's supervisory personnel may listen to and/or record telephone calls between Bank employees and any person acting on Company's behalf.

In case of errors or questions about your bill: Errors or questions about your bill must be received in writing no later than 60 days after we sent you the first statement on which the error or problem appeared. Please mail this information to Bank of America, P.O. Box 53101, Phoenix, AZ 85072-3101. Your letter must include the following information:

- The company name, cardholder name and account number in question.
- The dollar amount of the suspected error.
- A written description of the error and why you believe there is an error. If you need more information, describe the item you are unsure about.

Customer Service:	For questions regarding transactions, general assistance, and reporting lost and stolen cards, call:	
	Within the U.S. 1.888.449.2273	Outside the U.S. 509.353.6656 (collect calls accepted)

Recycled paper

Thank you for your business.

Please write your change of address here:

Street

City

State Zip

() ()

Home Phone Business Phone

Posting payments: Payments received by mail at the remittance address shown on the Payment Coupon portion of the face of this statement on a banking day will be posted to your account on the day received. If we receive your mailed payment on a non-banking day, we will post it to your account on the next banking day. There may be a delay of up to 5 banking days in posting payments made at a location other than the mailing address listed on the front of your payment coupon.

Bank of America

Platinum Visa Business Card Company Statement

Credit Limit	$14,250	Billing Date	06-26-06
Cash Limit	$7,125	Days in Billing Cycle	31
Cash Advance Balance	$0.00	Payment Due Date	07-21-06
Available Credit	$12,577	Minimum Payment Due	$16.73
		New Balance	**$1,672.53**

CENTAUR GIRL PROD INC
11100 S SEPULVEDA BLVD #512

Company Account Number:
4339 9300 1359 5469

Paid 7/11/06 #111 $1672.53

COMPANY SUMMARY

CENTAUR GIRL PROD IN 4339 9300 1359 5469	Previous Balance	- Payments	- Credits	+ Purchases/Other Debits/Fees	+ Cash Advances	+ Finance Charges	= New Balance
Company Total	$1,214.33	$1,214.33	$103.32	$1,775.85	$0.00	$0.00	$1,672.53

CARDHOLDER NEW ACTIVITY SUMMARY

	Credits	Purchases and Other Debits	Cash Advances	Total Activity
KATHLEEN M GOLD 4339 9300 1359 5774				
Credit Limit $14,250	$103.32	$1,775.85	$0.00	$1,672.53

Paid

Customer Service
888.449.2273, 24 hours

Outside the U.S.
509.353.6656, 24 hours

For Lost or Stolen Card:
888.449.2273, 24 hours

Send Billing Inquiries to:
BANK OF AMERICA
PO BOX 2463
SPOKANE WA 99210-2463

Finance Charges

	Average Daily Balance	Daily Periodic Rate	Annual Percentage Rate	Periodic Finance Charge
PURCHASES	$0.00	0.00000%	0.00%	$0.00
CASH	$0.00	0.06573%	23.99%	$0.00
Cash Advance Fees				$0.00
Total Annual Percentage Rate				0.00%

Company Account Summary

Previous Balance		$1,214.33
Payments	-	$1,214.33
Credits	-	$103.32
Purchases/Other Debits/Other Fees	+	$1,775.85
Cash Advances	+	$0.00
Overlimit Fees	+	$0.00
Late Payment Fees	+	$0.00
Finance Charge	+	$0.00
New Balance	=	$1,672.53

Please see the reverse side for information about your account.

Posting payments: Payments received by mail at the remittance address shown on the Payment Coupon portion of the face of this statement on a banking day will be posted to your account on the day received. If we receive your mailed payment on a non-banking day, we will post it to your account on the next banking day. There may be a delay of up to 5 banking days in posting payments made at a location other than the mailing address listed on the front of your payment coupon.

Service for the hearing-impaired (TTY/TDD): Contact our service for the hearing-impaired at 1.800.222.7365.

Telephone monitoring: For the purposes of monitoring and improving the quality of service, Bank's supervisory personnel may listen to and/or record telephone calls between Bank employees and any person acting on Company's behalf.

In case of errors or questions about your bill: Errors or questions about your bill must be received in writing no later than 60 days after we sent you the first statement on which the error or problem appeared. Please mail this information to Bank of America, P.O. Box 53101, Phoenix, AZ 85072-3101. Your letter must include the following information:

- The company name, cardholder name and account number in question.
- The dollar amount of the suspected error.
- A written description of the error and why you believe there is an error. If you need more information, describe the item you are unsure about.

Customer Service:	For questions regarding transactions, general assistance, and reporting lost and stolen cards, call:	
	Within the U.S. 1.888.449.2273	Outside the U.S. 509.353.6656 (collect calls accepted)

Recycled paper

Bank of America

Platinum Visa Business Card Company Statement

Credit Limit	$14,250	Billing Date	06-26-06
Cash Limit	$7,125	Days in Billing Cycle	31
Cash Advance Balance	$0.00	Payment Due Date	07-21-06
Available Credit	$12,577	Mininum Payment Due	$16.73
		New Balance	**$1,672.53**

CENTAUR GIRL PROD INC
11100 8 SEPULVEDA BLVD #512

Company Account Number:
4339 9300 1359 5469

COMPANY DETAIL

Posting Date	Sale Date	Reference Number	Transactions	Amount
06-20	06-19	17085500030419500123101	PAYMENT - THANK YOU	1,214.33CR

CARDHOLDER ACTIVITY

KATHLEEN M GOLD
Credit Limit $14,250

4339 9300 1359 5774
TOTAL ACTIVITY $1,672.53

Posting Date	Sale Date	Reference Number	Transactions	Amount
05-29	05-25	24228996146554123100147	RUNTIME DNA 716-8210621 NY	20.00
05-29	05-28	24210736148207110556874	BONDWARE INC RENDEROSITY 615-333-7775 TN	5.50
05-30	05-29	24210736149207110560594	BONDWARE INC RENDEROSITY 615-333-7775 TN	20.25
06-01	05-30	24266966151980000868209	GODADDY.COM 480-505-8855 AZ	11.15
06-01	05-31	24765016151286012973817	DAZ PRODUCTIONS 800-495-1777 UT	1.99
06-02	06-01	24210736152207110573427	BONDWARE INC RENDEROSITY 615-333-7775 TN	9.50
06-02	06-01	24765016152286013010865	DAZ PRODUCTIONS 800-495-1777 UT	7.95
06-05	06-03	24210736154207110580958	BONDWARE INC RENDEROSITY 615-333-7775 TN	9.80
06-05	06-03	74301336155118000100216	E-ON SOFTWARE 503-3729698 OR	99.00CR
06-06	06-05	24692166156000550589521	DR *e frontier America www.myord.comMN	129.99
06-08	06-07	24492156158820629053170	PAYPAL *PUBLISHERSA 402-935-7733 CA	270.00
06-12	06-09	24210736160207110602762	BONDWARE INC RENDEROSITY 615-333-7775 TN	7.99
06-15	06-13	24228996165587075127011	INTERJUNCTURE 630-4611651 IL	395.00
06-15	06-14	24610436165072006398547	MIRAGE - ADVANCE DEPOSIT LAS VEGAS NV ARR:06-13-06	151.51
06-15	06-13	24792626165624291449504	SOUTHWESTAIR5262727612456DALLAS TX NM:GOLD/KATHLEEN TKT:5262727612456 MVAT: CVAT: CC: OARP:BUR SVC:Q DARP:LAS FR: DEP:071606 OARP:LAS SVC:Q DARP:BUR FR: DEP:071606	180.60
06-19	06-17	24210736168207110634387	BONDWARE INC RENDEROSITY 615-333-7775 TN	37.95
06-20	06-18	24717056170691702121027	SMART & FINAL CO. CHATSWORTH CA	36.42
06-21	06-20	24492156172769010189600	FRY'S ELECTRONICS #8 WOODLAND HILLCA	270.57
06-22	06-21	24164076172091011350769	TARGET 00002998 NORTHRIDGE CA	148.71
06-23	06-21	24401406173001356807365	USPS 0581020250 SYLMAR CA	6.61
06-23	06-21	24610436173004031105241	GAMESTOP #1402 NORTHRIDGE CA	54.11
06-23	06-22	24765016173286013347759	DAZ PRODUCTIONS 800-495-1777 UT	0.25
06-23	06-22	74692166173000015575014	WRITERSMARKET.COM 877-889-6289 NY	4.32CR

Posting payments: Payments received by mail at the remittance address shown on the Payment Coupon portion of the face of this statement on a banking day will be posted to your account on the day received. If we receive your mailed payment on a non-banking day, we will post it to your account on the next banking day. There may be a delay of up to 5 banking days in posting payments made at a location other than the mailing address listed on the front of your payment coupon.

Service for the hearing-impaired (TTY/TDD): Contact our service for the hearing-impaired at 1.800.222.7365.

Telephone monitoring: For the purposes of monitoring and improving the quality of service, Bank's supervisory personnel may listen to and/or record telephone calls between Bank employees and any person acting on Company's behalf.

In case of errors or questions about your bill: Errors or questions about your bill must be received in writing no later than 60 days after we sent you the first statement on which the error or problem appeared. Please mail this information to Bank of America, P.O. Box 53101, Phoenix, AZ 85072-3101. Your letter must include the following information:

- The company name, cardholder name and account number in question.
- The dollar amount of the suspected error.
- A written description of the error and why you believe there is an error. If you need more information, describe the item you are unsure about.

Customer Service:	For questions regarding transactions, general assistance, and reporting lost and stolen cards, call:	
	Within the U.S. 1.888.449.2273	Outside the U.S. 509.353.6656 (collect calls accepted)

Recycled paper

Thank you for your business.

Please write your change of address here:

Street

City

State Zip

() ()

Home Phone Business Phone

Posting payments: Payments received by mail at the remittance address shown on the Payment Coupon portion of the face of this statement on a banking day will be posted to your account on the day received. If we receive your mailed payment on a non-banking day, we will post it to your account on the next banking day. There may be a delay of up to 5 banking days in posting payments made at a location other than the mailing address listed on the front of your payment coupon.

Bank of America

Platinum Visa Business Card Company Statement

Credit Limit	$14,250	Billing Date	07-26-06
Cash Limit	$7,125	Days in Billing Cycle	30
Cash Advance Balance	$0.00	Payment Due Date	08-20-06
Available Credit	$13,583	Minimum Payment Due	$10.00
		New Balance	**$667.37**

CENTAUR GIRL PROD INC
11100 8 SEPULVEDA BLVD #512

Company Account Number:
4339 9300 1359 5469

Paid
8/12
#667.37
#112

COMPANY SUMMARY

CENTAUR GIRL PROD IN 4339 9300 1359 5469	Previous Balance	- Payments	- Credits	+ Purchases/Other Debits/Fees	+ Cash Advances	+ Finance Charges	= New Balance
Company Total	$1,672.53	$1,672.53	$0.00	$667.37	$0.00	$0.00	$667.37

CARDHOLDER NEW ACTIVITY SUMMARY

	Credits	Purchases and Other Debits	Cash Advances	Total Activity
KATHLEEN M GOLD 4339 9300 1359 5774				
Credit Limit $14,250	$0.00	$667.37	$0.00	$667.37

Customer Service
888.449.2273, 24 hours

Outside the U.S.
509.353.6656, 24 hours

For Lost or Stolen Card:
888.449.2273, 24 hours

Send Billing Inquiries to:
BANK OF AMERICA
PO BOX 2463
SPOKANE WA 99210-2463

Finance Charges

	Average Daily Balance	Daily Periodic Rate	Annual Percentage Rate	Periodic Finance Charge
PURCHASES	$0.00	0.00000%	0.00%	$0.00
CASH	$0.00	0.06641%	24.24%	$0.00
Cash Advance Fees				$0.00
Total Annual Percentage Rate				0.00%

Company Account Summary

Previous Balance		$1,672.53
Payments	-	$1,672.53
Credits	-	$0.00
Purchases/Other Debits/Other Fees	+	$667.37
Cash Advances	+	$0.00
Overlimit Fees	+	$0.00
Late Payment Fees	+	$0.00
Finance Charge	+	$0.00
New Balance	=	$667.37

Please see the reverse side for information about your account.

Posting payments: Payments received by mail at the remittance address shown on the Payment Coupon portion of the face of this statement on a banking day will be posted to your account on the day received. If we receive your mailed payment on a non-banking day, we will post it to your account on the next banking day. There may be a delay of up to 5 banking days in posting payments made at a location other than the mailing address listed on the front of your payment coupon.

Service for the hearing-impaired (TTY/TDD): Contact our service for the hearing-impaired at 1.800.222.7365.

Telephone monitoring: For the purposes of monitoring and improving the quality of service, Bank's supervisory personnel may listen to and/or record telephone calls between Bank employees and any person acting on Company's behalf.

In case of errors or questions about your bill: Errors or questions about your bill must be received in writing no later than 60 days after we sent you the first statement on which the error or problem appeared. Please mail this information to Bank of America, P.O. Box 53101, Phoenix, AZ 85072-3101. Your letter must include the following information:

- The company name, cardholder name and account number in question.
- The dollar amount of the suspected error.
- A written description of the error and why you believe there is an error. If you need more information, describe the item you are unsure about.

Customer Service:	For questions regarding transactions, general assistance, and reporting lost and stolen cards, call:	
	Within the U.S. 1.888.449.2273	Outside the U.S. 509.353.6656 (collect calls accepted)

Recycled paper

Bank of America

Platinum Visa Business Card Company Statement

Credit Limit	$14,250	Billing Date	07-26-06
Cash Limit	$7,125	Days in Billing Cycle	30
Cash Advance Balance	$0.00	Payment Due Date	08-20-06
Available Credit	$13,583	Minimum Payment Due	$10.00
		New Balance	**$667.37**

CENTAUR GIRL PROD INC
11100 S SEPULVEDA BLVD #512

Company Account Number:
4339 9300 1359 5469

COMPANY DETAIL

Posting Date	Sale Date	Reference Number	Transactions	Amount
07-17	07-15	19685500030420600012368	PAYMENT - THANK YOU	1,672.53CR

CARDHOLDER ACTIVITY

KATHLEEN M GOLD
Credit Limit $14,250

4339 9300 1359 5774
TOTAL ACTIVITY $667.37

Posting Date	Sale Date	Reference Number	Transactions	Amount
06-30	06-29	24692166180000607748583	IMDb IMDB.COM/BILLWA	12.95
07-03	07-01	24210736182207110689953	BONDWARE INC RENDEROSITY 615-333-7775 TN	20.26
07-03	07-01	24765016182286013518473	DAZ PRODUCTIONS 800-495-1777 UT	7.95
07-06	07-05	24210736186207110707207	BONDWARE INC RENDEROSITY 615-333-7775 TN	7.49
07-06	07-04	24143236186900016615325	GODADDY.COM 480-5058855 AZ	14.19
07-11	07-10	24492796191118000120516	PACIFIC THEATRE-152041 CHATSWORTH CA	8.00
07-20	07-18	24792626200624347153388	SOUTHWESTAIR5262734088494DALLAS TX NM:GOLD/KATHLEEN TKT:5262734088494 MVAT: CVAT: CC: OARP:LAS SVC:Y DARP:BUR FR: DEP:071906	30.00
07-21	07-19	24610436201072007438314	MIRAGE HOTEL & CASINO LAS VEGAS NV ARR:07-16-06	387.40
07-24	07-21	24210736202207110771955	BONDWARE INC RENDEROSITY 615-333-7775 TN	29.45
07-26	07-24	24266966206980000868220	GODADDY.COM 480-505-8855 AZ	28.46
07-26	07-25	24164076206018663836050	ENTERPRISE RENT-A-CAR NORTHRIDGE CA	121.22

Posting payments: Payments received by mail at the remittance address shown on the Payment Coupon portion of the face of this statement on a banking day will be posted to your account on the day received. If we receive your mailed payment on a non-banking day, we will post it to your account on the next banking day. There may be a delay of up to 5 banking days in posting payments made at a location other than the mailing address listed on the front of your payment coupon.

Service for the hearing-impaired (TTY/TDD): Contact our service for the hearing-impaired at 1.800.222.7365.

Telephone monitoring: For the purposes of monitoring and improving the quality of service, Bank's supervisory personnel may listen to and/or record telephone calls between Bank employees and any person acting on Company's behalf.

In case of errors or questions about your bill: Errors or questions about your bill must be received in writing no later than 60 days after we sent you the first statement on which the error or problem appeared. Please mail this information to Bank of America, P.O. Box 53101, Phoenix, AZ 85072-3101. Your letter must include the following information:

- The company name, cardholder name and account number in question.
- The dollar amount of the suspected error.
- A written description of the error and why you believe there is an error. If you need more information, describe the item you are unsure about.

Customer Service:	For questions regarding transactions, general assistance, and reporting lost and stolen cards, call:	
	Within the U.S. 1.888.449.2273	Outside the U.S. 509.353.6656 (collect calls accepted)

Recycled paper

Thank you for your business.

Please write your change of address here:

Street

City

State Zip

() ()

Home Phone Business Phone

Posting payments: Payments received by mail at the remittance address shown on the Payment Coupon portion of the face of this statement on a banking day will be posted to your account on the day received. If we receive your mailed payment on a non-banking day, we will post it to your account on the next banking day. There may be a delay of up to 5 banking days in posting payments made at a location other than the mailing address listed on the front of your payment coupon.

Bank of America

Platinum Visa Business Card Company Statement

Credit Limit	$14,250	Billing Date	08-26-06
Cash Limit	$7,125	Days in Billing Cycle	31
Cash Advance Balance	$0.00	Payment Due Date	09-19-06
Available Credit	$13,937	Minimum Payment Due	$10.00
		New Balance	**$313.20**

CENTAUR GIRL PROD INC
11100 8 SEPULVEDA BLVD #512

Company Account Number:
4339 9300 1359 5469

COMPANY SUMMARY

CENTAUR GIRL PROD IN 4339 9300 1359 5469	Previous Balance	- Payments	- Credits	+ Purchases/Other Debits/Fees	+ Cash Advances	+ Finance Charges	= New Balance
Company Total	$667.37	$667.37	$0.00	$313.20	$0.00	$0.00	$313.20

CARDHOLDER NEW ACTIVITY SUMMARY

	Credits	Purchases and Other Debits	Cash Advances	Total Activity
KATHLEEN M GOLD 4339 9300 1359 5774				
Credit Limit $14,250	$0.00	$313.20	$0.00	$313.20

Customer Service
888.449.2273, 24 hours

Outside the U.S.
509.353.6656, 24 hours

For Lost or Stolen Card:
888.449.2273, 24 hours

Send Billing Inquiries to:
BANK OF AMERICA
PO BOX 2463
SPOKANE WA 99210-2463

Finance Charges

	Average Daily Balance	Daily Periodic Rate	Annual Percentage Rate	Periodic Finance Charge
PURCHASES	$0.00	0.00000%	0.00%	$0.00
CASH	$0.00	0.06641%	24.24%	$0.00
Cash Advance Fees				$0.00
Total **Annual Percentage Rate**				0.00%

Paid 313.20 9/15/06 #114

Company Account Summary

Previous Balance		$667.37
Payments	-	$667.37
Credits	-	$0.00
Purchases/Other Debits/Other Fees	+	$313.20
Cash Advances	+	$0.00
Overlimit Fees	+	$0.00
Late Payment Fees	+	$0.00
Finance Charge	+	$0.00
New Balance	=	$313.20

Please see the reverse side for information about your account.

Posting payments: Payments received by mail at the remittance address shown on the Payment Coupon portion of the face of this statement on a banking day will be posted to your account on the day received. If we receive your mailed payment on a non-banking day, we will post it to your account on the next banking day. There may be a delay of up to 5 banking days in posting payments made at a location other than the mailing address listed on the front of your payment coupon.

Service for the hearing-impaired (TTY/TDD): Contact our service for the hearing-impaired at 1.800.222.7365.

Telephone monitoring: For the purposes of monitoring and improving the quality of service, Bank's supervisory personnel may listen to and/or record telephone calls between Bank employees and any person acting on Company's behalf.

In case of errors or questions about your bill: Errors or questions about your bill must be received in writing no later than 60 days after we sent you the first statement on which the error or problem appeared. Please mail this information to Bank of America, P.O. Box 53101, Phoenix, AZ 85072-3101. Your letter must include the following information:

- The company name, cardholder name and account number in question.
- The dollar amount of the suspected error.
- A written description of the error and why you believe there is an error. If you need more information, describe the item you are unsure about.

Customer Service:	For questions regarding transactions, general assistance, and reporting lost and stolen cards, call:	
	Within the U.S. 1.888.449.2273	Outside the U.S. 509.353.6656 (collect calls accepted)

Recycled paper

Bank of America

Platinum Visa Business Card Company Statement

Credit Limit	$14,250	Billing Date	08-26-06
Cash Limit	$7,125	Days in Billing Cycle	31
Cash Advance Balance	$0.00	Payment Due Date	09-19-06
Available Credit	$13,937	Minimum Payment Due	$10.00
		New Balance	**$313.20**

CENTAUR GIRL PROD INC
11100 8 SEPULVEDA BLVD #512

Company Account Number:
4339 9300 1359 5469

COMPANY DETAIL

Posting Date	Sale Date	Reference Number	Transactions	Amount
08-14	08-13	22585500030414600022688	PAYMENT - THANK YOU	667.37CR

CARDHOLDER ACTIVITY

KATHLEEN M GOLD
Credit Limit $14,250

4339 9300 1359 5774
TOTAL ACTIVITY $313.20

Posting Date	Sale Date	Reference Number	Transactions	Amount
07-31	07-28	2421073620920711080011 2	BONDWARE INC RENDEROSITY 615-333-7775 TN	10.86
08-02	07-31	2416407621387313551329 4	TRADER JOE'S #00000448 GRANADA HILLSCA	39.18
08-02	08-01	2476501621428639112509 1	DAZ PRODUCTIONS 800-495-1777 UT	7.95
08-04	08-03	2421073621520711082283 7	BONDWARE INC RENDEROSITY 615-333-7775 TN	9.99
08-07	08-03	2439900621618806340803 2	OFFICE MAX 00006346 GRANADA HILL CA	18.31
08-07	08-05	2419404621853257305039 9	INFO.KAGI.COM 510-420-5858 CA	20.00
08-08	08-06	2422899621955412310016 4	RUNTIME DNA 716-8210621 NY	10.00
08-14	08-12	2421073622420711085491 2	BONDWARE INC RENDEROSITY 615-333-7775 TN	14.75
08-14	08-12	2449215622576903025268 2	FRY'S ELECTRONICS #8 WOODLAND HILLCA	150.45
08-15	08-14	2476501622728642623129 9	DAZ PRODUCTIONS 800-495-1777 UT	0.46
08-16	08-14	2433239622790018010010 8	LA CNTR DIGITALART 877-2140668 CA	31.25

Posting payments: Payments received by mail at the remittance address shown on the Payment Coupon portion of the face of this statement on a banking day will be posted to your account on the day received. If we receive your mailed payment on a non-banking day, we will post it to your account on the next banking day. There may be a delay of up to 5 banking days in posting payments made at a location other than the mailing address listed on the front of your payment coupon.

Service for the hearing-impaired (TTY/TDD): Contact our service for the hearing-impaired at 1.800.222.7365.

Telephone monitoring: For the purposes of monitoring and improving the quality of service, Bank's supervisory personnel may listen to and/or record telephone calls between Bank employees and any person acting on Company's behalf.

In case of errors or questions about your bill: Errors or questions about your bill must be received in writing no later than 60 days after we sent you the first statement on which the error or problem appeared. Please mail this information to Bank of America, P.O. Box 53101, Phoenix, AZ 85072-3101. Your letter must include the following information:

- The company name, cardholder name and account number in question.
- The dollar amount of the suspected error.
- A written description of the error and why you believe there is an error. If you need more information, describe the item you are unsure about.

Customer Service:	For questions regarding transactions, general assistance, and reporting lost and stolen cards, call:	
	Within the U.S. 1.888.449.2273	Outside the U.S. 509.353.6656 (collect calls accepted)

Recycled paper

Thank you for your business.

Please write your change of address here:

Street

City

State Zip

() ()

Home Phone Business Phone

Posting payments: Payments received by mail at the remittance address shown on the Payment Coupon portion of the face of this statement on a banking day will be posted to your account on the day received. If we receive your mailed payment on a non-banking day, we will post it to your account on the next banking day. There may be a delay of up to 5 banking days in posting payments made at a location other than the mailing address listed on the front of your payment coupon.

Bank of America

Platinum Visa Business Card Company Statement

Credit Limit	$14,250	Billing Date	09-26-06
Cash Limit	$7,125	Days in Billing Cycle	31
Cash Advance Balance	$0.00	Payment Due Date	10-21-06
Available Credit	$13,952	Minimum Payment Due	$10.00
		New Balance	**$297.82**

CENTAUR GIRL PROD INC
11100 8 SEPULVEDA BLVD #512

Company Account Number:
4339 9300 1359 5469

Paid 10/17/06 297.83 #116

COMPANY SUMMARY

CENTAUR GIRL PROD IN 4339 9300 1359 5469	Previous Balance	- Payments	- Credits	+ Purchases/Other Debits/Fees	+ Cash Advances	+ Finance Charges	= New Balance
Company Total	$313.20	$313.20	$0.00	$297.82	$0.00	$0.00	$297.82

CARDHOLDER NEW ACTIVITY SUMMARY

	Credits	Purchases and Other Debits	Cash Advances	Total Activity
KATHLEEN M GOLD 4339 9300 1359 5774 Credit Limit $14,250	$0.00	$297.82	$0.00	$297.82

Customer Service
888.449.2273, 24 hours

Outside the U.S.
509.353.6656, 24 hours

For Lost or Stolen Card:
888.449.2273, 24 hours

Send Billing Inquiries to:
BANK OF AMERICA
PO BOX 2463
SPOKANE WA 99210-2463

Finance Charges Total **Annual Percentage Rate** 0.00%

	Average Daily Balance	Daily Periodic Rate	Annual Percentage Rate	Periodic Finance Charge
PURCHASES	$0.00	0.00000%	0.00%	$0.00
CASH	$0.00	0.06641%	24.24%	$0.00

Company Account Summary

Previous Balance		$313.20
Payments	-	$313.20
Credits	-	$0.00
Purchases/Other Debits/Other Fees	+	$297.82
Cash Advances	+	$0.00
Overlimit Fees	+	$0.00
Late Payment Fees	+	$0.00
Finance Charge	+	$0.00
New Balance	=	$297.82

Please see the reverse side for information about your account.

Posting payments: Payments received by mail at the remittance address shown on the Payment Coupon portion of the face of this statement on a banking day will be posted to your account on the day received. If we receive your mailed payment on a non-banking day, we will post it to your account on the next banking day. There may be a delay of up to 5 banking days in posting payments made at a location other than the mailing address listed on the front of your payment coupon.

Service for the hearing-impaired (TTY/TDD): Contact our service for the hearing-impaired at 800.222.7365

Telephone monitoring: For the purposes of monitoring and improving the quality of service, Bank's supervisory personnel may listen to and/or record telephone calls between Bank employees and any person acting on Company's behalf.

In case of errors or questions about your bill: Errors or questions about your bill must be received in writing no later than 60 days after we sent you the first statement on which the error or problem appeared. Please mail this information to Bank of America, P.O. Box 53101, Phoenix, AZ 85072-3101. Your letter must include the following information:

- The company name, cardholder name and account number in question.
- The dollar amount of the suspected error.
- A written description of the error and why you believe there is an error. If you need more information, describe the item you are unsure about.

Customer Service:	For questions regarding transactions, general assistance, and reporting lost and stolen card, call:	
	Within the U.S. 1.888.449.2273	Outside the U.S. 509.353.6656 (collect calls accepted)

Recycled paper

Thank you for your business

Bank of America

Platinum Visa Business Card Company Statement

Credit Limit	$14,250	Billing Date	09-26-06
Cash Limit	$7,125	Days in Billing Cycle	31
Cash Advance Balance	$0.00	Payment Due Date	10-21-06
Available Credit	$13,952	Minimum Payment Due	$10.00
		New Balance	**$297.82**

CENTAUR GIRL PROD INC
11100 8 SEPULVEDA BLVD #512

Company Account Number:
4339 9300 1359 5469

COMPANY DETAIL

Posting Date	Sale Date	Reference Number	Transactions	Amount
09-18	09-16	25985500030422800137296	PAYMENT - THANK YOU	313.20 CR

CARDHOLDER ACTIVITY

KATHLEEN M GOLD
Credit Limit $14,250

4339 9300 1359 5774
TOTAL ACTIVITY $297.82

Posting Date	Sale Date	Reference Number	Transactions	Amount
08-28	08-24	24143236237900017700182	GODADDY.COM 480-5058855 AZ	46.61
09-04	09-01	24765016245286476114583	DAZ PRODUCTIONS 800-495-1777 UT	7.95
09-04	09-01	24765016245286472355388	DAZ PRODUCTIONS 800-495-1777 UT	1.75
09-06	09-04	24194046248516529072213	INFORMATION USA INC #3 800-955-7693 MD	46.90
09-07	09-06	24692166249000654142341	CLKBANK*COM DOWNLOAD 800-390-6035 ID	49.95
09-11	09-10	24492156253206079800266	LEARNING ANNEX-LA 800-309-4085 CA	34.95
09-15	09-14	24492156258769030063519	FRY'S ELECTRONICS #8 WOODLAND HILLCA	57.10
09-25	09-21	24266966265980000868251	GODADDY.COM 480-505-8855 AZ	4.99
09-25	09-22	24143236265900017809350	GODADDY.COM 480-5058855 AZ	14.19
09-25	09-23	24143236267900018608585	GODADDY.COM 480-5058855 AZ	14.19
09-25	09-23	24143236267900018613395	GODADDY.COM 480-5058855 AZ	19.24

Bank of America

Platinum Visa Business Card Company Statement

Credit Limit	$14,250	Billing Date	10-26-06
Cash Limit	$7,125	Days in Billing Cycle	30
Cash Advance Balance	$0.00	Payment Due Date	11-20-06
Available Credit	$13,502	Minimum Payment Due	$10.00
		New Balance	**$747.59**

CENTAUR GIRL PROD INC
11100 8 SEPULVEDA BLVD #512

Company Account Number:
4339 9300 1359 5469

Paid $117 11/10/06 $747.59

COMPANY SUMMARY

CENTAUR GIRL PROD IN 4339 9300 1359 5469	Previous Balance	- Payments	- Credits	+ Purchases/Other Debits/Fees	+ Cash Advances	+ Finance Charges	= New Balance
Company Total	$297.82	$297.82	$39.95	$787.54	$0.00	$0.00	$747.59

CARDHOLDER NEW ACTIVITY SUMMARY

	Credits	Purchases and Other Debits	Cash Advances	Total Activity
KATHLEEN M GOLD 4339 9300 1359 5774 Credit Limit $14,250	$39.95	$787.54	$0.00	$747.59

Customer Service
888.449.2273, 24 hours

Outside the U.S.
509.353.6656, 24 hours

For Lost or Stolen Card:
888.449.2273, 24 hours

Send Billing Inquiries to:
BANK OF AMERICA
PO BOX 2463
SPOKANE WA 99210-2463

Finance Charges Total **Annual Percentage Rate** 0.00%

	Average Daily Balance	Daily Periodic Rate	Annual Percentage Rate	Periodic Finance Charge
PURCHASES	$0.00	0.04176%	15.24%	$0.00
CASH	$0.00	0.06641%	24.24%	$0.00

Company Account Summary

Previous Balance		$297.82
Payments	-	$297.82
Credits	-	$39.95
Purchases/Other Debits/Other Fees	+	$787.54
Cash Advances	+	$0.00
Overlimit Fees	+	$0.00
Late Payment Fees	+	$0.00
Finance Charge	+	$0.00
New Balance	=	$747.59

Please see the reverse side for information about your account.

Posting payments: Payments received by mail at the remittance address shown on the Payment Coupon portion of the face of this statement on a banking day will be posted to your account on the day received. If we receive your mailed payment on a non-banking day, we will post it to your account on the next banking day. There may be a delay of up to 5 banking days in posting payments made at a location other than the mailing address listed on the front of your payment coupon.

Service for the hearing-impaired (TTY/TDD): Contact our service for the hearing-impaired at 800.222.7365

Telephone monitoring: For the purposes of monitoring and improving the quality of service, Bank's supervisory personnel may listen to and/or record telephone calls between Bank employees and any person acting on Company's behalf.

In case of errors or questions about your bill: Errors or questions about your bill must be received in writing no later than 60 days after we sent you the first statement on which the error or problem appeared. Please mail this information to Bank of America, P.O. Box 53101, Phoenix, AZ 85072-3101. Your letter must include the following information:

- The company name, cardholder name and account number in question.
- The dollar amount of the suspected error.
- A written description of the error and why you believe there is an error. If you need more information, describe the item you are unsure about.

Customer Service:	For questions regarding transactions, general assistance, and reporting lost and stolen card, call:	
	Within the U.S. 1.888.449.2273	Outside the U.S. 509.353.6656 (collect calls accepted)

Recycled paper

Thank you for your business

Bank of America

Platinum Visa Business Card Company Statement

Credit Limit	$14,250	Billing Date	10-26-06
Cash Limit	$7,125	Days in Billing Cycle	30
Cash Advance Balance	$0.00	Payment Due Date	11-20-06
Available Credit	$13,502	Minimum Payment Due	$10.00
		New Balance	**$747.59**

CENTAUR GIRL PROD INC
11100 8 SEPULVEDA BLVD #512

Company Account Number:
4339 9300 1359 5469

COMPANY DETAIL

Posting Date	Sale Date	Reference Number	Transactions	Amount
10-19	10-18	29185500030427700417771	PAYMENT - THANK YOU	297.82 CR

CARDHOLDER ACTIVITY

KATHLEEN M GOLD
Credit Limit $14,250

4339 9300 1359 5774
TOTAL ACTIVITY $747.59

Posting Date	Sale Date	Reference Number	Transactions	Amount
09-28	09-27	24792626270200474400036	CONTRACT EDGE 972-390-0025 TX	20.00
09-29	09-28	24492796271118000100073	RECYCLER CLASSIFIED 213-4732400 CA	94.00
10-03	10-02	24765016275286556496101	DAZ PRODUCTIONS 800-495-1777 UT	7.95
10-12	10-10	24254776284463084882724	IPOWER 602-7165300 AZ	89.85
10-12	10-11	24493986284200199300010	ROZSA LAW GROUP LC 8187830990 CA	300.00
10-19	10-18	24435656291207149500459	GURU.COM 412-687-2228 PA	200.00
10-23	10-19	24445746293611079908993	OFFICE DEPOT #892 SYLMAR CA	75.74
10-23	10-20	74194046295516529117510	INFORMATION USA INC #3 800-955-7693 MD	39.95 CR

Bank of America

Platinum Visa Business Card Company Statement

Credit Limit	$14,250	Billing Date	11-26-06
Cash Limit	$7,125	Days in Billing Cycle	31
Cash Advance Balance	$0.00	Payment Due Date	12-19-06
Available Credit	$14,242	Minimum Payment Due	$7.95
		New Balance	**$7.95**

CENTAUR GIRL PROD INC
11100 8 SEPULVEDA BLVD #512

Company Account Number:
4339 9300 1359 5469

COMPANY SUMMARY

CENTAUR GIRL PROD IN 4339 9300 1359 5469	Previous Balance	- Payments	- Credits	+ Purchases/Other Debits/Fees	+ Cash Advances	+ Finance Charges	= New Balance
Company Total	$747.59	$747.59	$0.00	$7.95	$0.00	$0.00	$7.95

CARDHOLDER NEW ACTIVITY SUMMARY

	Credits	Purchases and Other Debits	Cash Advances	Total Activity
KATHLEEN M GOLD 4339 9300 1359 5774 Credit Limit $14,250	$0.00	$7.95	$0.00	$7.95

Customer Service
888.449.2273, 24 hours

Outside the U.S.
509.353.6656, 24 hours

For Lost or Stolen Card:
888.449.2273, 24 hours

Send Billing Inquiries to:
BANK OF AMERICA
PO BOX 2463
SPOKANE WA 99210-2463

Finance Charges Total **Annual Percentage Rate** 0.00%

	Average Daily Balance	Daily Periodic Rate	Annual Percentage Rate	Periodic Finance Charge
PURCHASES	$0.00	0.04176%	15.24%	$0.00
CASH	$0.00	0.06641%	24.24%	$0.00

Company Account Summary

Previous Balance		$747.59
Payments	-	$747.59
Credits	-	$0.00
Purchases/Other Debits/Other Fees	+	$7.95
Cash Advances	+	$0.00
Overlimit Fees	+	$0.00
Late Payment Fees	+	$0.00
Finance Charge	+	$0.00
New Balance	=	$7.95

Paid
118 $7.95 12/9/06

Please see the reverse side for information about your account.

Posting payments: Payments received by mail at the remittance address shown on the Payment Coupon portion of the face of this statement on a banking day will be posted to your account on the day received. If we receive your mailed payment on a non-banking day, we will post it to your account on the next banking day. There may be a delay of up to 5 banking days in posting payments made at a location other than the mailing address listed on the front of your payment coupon.

Service for the hearing-impaired (TTY/TDD): Contact our service for the hearing-impaired at 800.222.7365

Telephone monitoring: For the purposes of monitoring and improving the quality of service, Bank's supervisory personnel may listen to and/or record telephone calls between Bank employees and any person acting on Company's behalf.

In case of errors or questions about your bill: Errors or questions about your bill must be received in writing no later than 60 days after we sent you the first statement on which the error or problem appeared. Please mail this information to Bank of America, P.O. Box 53101, Phoenix, AZ 85072-3101. Your letter must include the following information:

- The company name, cardholder name and account number in question.
- The dollar amount of the suspected error.
- A written description of the error and why you believe there is an error. If you need more information, describe the item you are unsure about.

Customer Service:	For questions regarding transactions, general assistance, and reporting lost and stolen card, call:	
	Within the U.S. 1.888.449.2273	Outside the U.S. 509.353.6656 (collect calls accepted)

Recycled paper

Thank you for your business

Bank of America

Platinum Visa Business Card Company Statement

Credit Limit	$14,250	Billing Date	11-26-06
Cash Limit	$7,125	Days in Billing Cycle	31
Cash Advance Balance	$0.00	Payment Due Date	12-19-06
Available Credit	$14,242	Minimum Payment Due	$7.95
		New Balance	**$7.95**

CENTAUR GIRL PROD INC
11100 8 SEPULVEDA BLVD #512

Company Account Number:
4339 9300 1359 5469

COMPANY DETAIL

Posting Date	Sale Date	Reference Number	Transactions	Amount
11-14	11-14	31885500030402200039977	PAYMENT - THANK YOU	747.59CR

CARDHOLDER ACTIVITY

KATHLEEN M GOLD
Credit Limit $14,250

4339 9300 1359 5774
TOTAL ACTIVITY $7.95

Posting Date	Sale Date	Reference Number	Transactions		Amount
11-02	11-01	24765016306286645411650	DAZ PRODUCTIONS	800-495-1777 UT	7.95

Bank of America

Platinum Visa Business Card Company Statement

10602990 - 071298 - 0001 - 0002 - 3457

Credit Limit	$18,250	Billing Date	10-26-07
Cash Limit	$9,125	Days in Billing Cycle	30
Cash Advance Balance	$0.00	Payment Due Date	11-20-07
Available Credit	$15,019	Minimum Payment Due	$68.00
		New Balance	**$3,231.25**

CENTAUR GIRL PROD INC
11100 8 SEPULVEDA BLVD #512

Company Account Number:
4339 9300 1359 5469

Paid
#2462
11-4-07
$3231.25

COMPANY SUMMARY

CENTAUR GIRL PROD IN 4339 9300 1359 5469	Previous Balance	- Payments	- Credits	+ Purchases/Other Debits/Fees	+ Cash Advances	+ Finance Charges	= New Balance
Company Total	$2,302.72	$51.01	$0.00	$943.49	$0.00	$36.05	$3,231.25

CARDHOLDER NEW ACTIVITY SUMMARY

	Credits	Purchases and Other Debits	Cash Advances	Total Activity
KATHLEEN M GOLD 4339 9300 1359 5774				
Credit Limit $18,250	$0.00	$943.49	$0.00	$943.49

Customer Service
800.673.1044, 24 hours

Outside the U.S.
509.353.6656, 24 hours

For Lost or Stolen Card:
800.673.1044, 24 hours

Send Billing Inquiries to:
BANK OF AMERICA
PO BOX 15184
WILMINGTON DE 19850-5184

Finance Charges Total **Annual Percentage Rate** 15.24%

	Average Daily Balance	Daily Periodic Rate	Annual Percentage Rate	Periodic Finance Charge
PURCHASES	$2,877.06	0.04176%	15.24%	$36.05
CASH	$0.00	0.06641%	24.24%	$0.00

Company Account Summary

Previous Balance		$2,302.72
Payments	-	$51.01
Credits	-	$0.00
Purchases/Other Debits/Other Fees	+	$943.49
Cash Advances	+	$0.00
Overlimit Fees	+	$0.00
Late Payment Fees	+	$0.00
Finance Charge	+	$36.05
New Balance	=	$3,231.25

Please see the reverse side for information about your account.

CUSTOMER STATEMENT OF DISPUTED ITEM (You must use a separate form for each dispute. Please print.)

If you believe a transaction on your statement is an error, complete and sign a copy of this form using blue or black ink, or write a detailed letter on a separate sheet of paper. Then return it to: **PO Box 53101, Phoenix, AZ 85072-3101** no later than 60 days after we sent you the first bill on which the transaction or error appeared. You do not have to pay any amount in question while we are investigating, but you are obligated to pay the parts of your bill that are not in question.

PLEASE DO NOT ALTER WORDING ON THIS FORM OR MAIL YOUR LETTER WITH YOUR PAYMENT. Provide copies of all documentation that will help us investigate your dispute (e.g. contracts, invoices, detailed letter, sales slips, return receipts, or second opinions).

Your Name: _____ Account Number: _____
Posting Date: _____ Transaction Date: _____ Reference Number: _____
Amount: _____ Disputed Amount: _____ Merchant Name: _____

Below tell us why you think the item noted above is in error. **Check one box only.**

☐ 1. I certify that I do not recognize the transaction. I have attempted to contact the merchant to verify this transaction.

☐ 2. I certify that the charge listed above was not made by me or a person authorized by me to use my card, nor were the goods or services represented by the transaction received by me or authorized by me.

☐ 3. Although I did engage in a transaction with this merchant, I was billed for _____ transaction(s) totaling $ _____ that I did not engage in. I have my card in my possession. If available, enclose a copy of the sales slip for the valid charge.

☐ 4. I have not received the merchandise that was to be shipped to me on ___ /___ /___ (MM/DD/YY). I have asked the merchant to credit my account.

☐ 5. Merchandise shipped to me was not as described. Please explain in detail and if applicable provide proof of return.

☐ 6. Merchandise shipped to me arrived damaged and/or defective. I returned it on ___ /___ /___ (MM/DD/YY) and asked the merchant to credit my account. Please provide proof of return and describe how the merchandise was damaged and/or defective.

☐ 7. Although I did engage in the above transaction, I dispute the entire charge or a portion in the amount of $_____. I have contacted the merchant, returned the merchandise on ___ /___ /___ (MM/DD/YY) and requested a credit adjustment. I am disputing this charge because _____
Please supply proof of return or if unable to return merchandise please explain. _____

☐ 8. I notified the merchant on ___ /___ /___ (MM/DD/YY) to cancel the preauthorized order or reservation. Please note cancellation # and if available, enclose a copy of your telephone bill showing date and time of cancellation. Reason for cancellation: _____

☐ 9. Although I did engage in the above transaction, I have contacted the merchant for credit. The services to be provided on ___ /___ /___ (MM/DD/YY) were not received. Please describe the services to be received and explain the merchants failure to provide the services.

☐ 10. I was issued a credit slip that was not shown on my statement. **A copy of my credit slip is enclosed.** If the merchant has agreed to issue a credit, be advised the merchant has up to 30 days to supply this credit to your account.

☐ 11. The amount of the charge was increased from $_____ to $_____ or my sales slip was added incorrectly. **Enclosed is a copy of the sales slip that shows the correct amount.**

☐ 12. Other: Please explain _____

Merchants often provide telephone numbers with their names on your billing statement. If you do not recognize a transaction, attempt first to contact the merchant for transaction information.

Cardholder Signature (required): _____ **Date:** _____

Home Telephone: (_____) _____ **Business Telephone:** (_____) _____

PLEASE KEEP A COPY OF BOTH SIDE OF THIS STATEMENT FOR YOUR RECORDS

PAYMENTS

We credit a payment as of the date we receive it if the payment is: 1) received by 5:00 p.m. (Eastern Time) Monday through Friday (except legal holidays). 2) received at the payment address indicated on the front of this statement. 3) paid with a check drawn in U.S. dollars on a U.S. financial Institution or a U.S. dollar money order, and 4) sent in the return envelope with only the bottom portion of your statement accompanying it. Payments received after 5:00 p.m. (Eastern Time) Friday, but that otherwise meet the above requirements, will be processed on the next business day, which is usually the following Monday. Saturdays, Sundays, and holidays are not business days. Credit for payments received in any other manner may be delayed up to five business days, during which time finance charges, if applicable will continue to accrue. We will reject any payments that are not drawn in U.S. dollars and those drawn on a financial institution located outside of the United States. Please do not send cash, credit cards, correspondence, staples or paper clips with your payment. Mail your payment at least 7 days in advance of the payment due date to ensure timely delivery.

SERVICE FOR THE HEARING IMPAIRED: 888.500.6267

CUSTOMER CORRESPONDENCE

If you prefer to send a written inquiry regarding your account, please send the request to: **BANK OF AMERICA, PO BOX 15184, WILMINGTON, DE, 19850-5184, US.** This address should not be utilized to dispute merchant transactions appearing on your billing statement. Please see the paragraph above for instructions regarding dispute procedures.

Bank of America

10602990 - 071298 - 0002 - 0002 - 3457

Platinum Visa Business Card Company Statement

Credit Limit	$18,250	Billing Date	10-26-07
Cash Limit	$9,125	Days in Billing Cycle	30
Cash Advance Balance	$0.00	Payment Due Date	11-20-07
Available Credit	$15,019	Minimum Payment Due	$68.00
		New Balance	**$3,231.25**

CENTAUR GIRL PROD INC
11100 8 SEPULVEDA BLVD #512

Company Account Number:
4339 9300 1359 5469

COMPANY DETAIL

Posting Date	Sale Date	Category	Reference Number	Transactions	Amount
10-12	10-11		28474405350000546141248	PAYMENT RECEIVED -- THANK YOU	51.01CR
10-26	10-26			PURCHASE *FINANCE CHARGE*	36.05

CARDHOLDER ACTIVITY

KATHLEEN M GOLD
Credit Limit $18,250

4339 9300 1359 5774
TOTAL ACTIVITY $943.49

Posting Date	Sale Date	Category	Reference Number	Transactions	Amount
09-27	09-25		24223697269701410214764	NUTRIESSENTIAL.COM 305-867-5355 FL	51.05
09-28	09-27		24492157270206079100300	LEARNING ANNEX-LA 800-309-4085 CA	29.95
09-28	09-27		24717057270152701433258	SCIENCEKITS. COM, INC 301-2949729 MD	27.90
10-01	09-28		24071057273987157112998	UNDERWOOD FAMILY FARMS MOORPARK CA	32.02
10-02	10-02		24765017275286806187482	DAZ PRODUCTIONS 800-495-1777 UT	7.95
10-04	10-02		24492157276849181668781	PAYPAL *CHET DAY 402-935-7733 CA	29.95
10-05	10-04		24492157278769030030199	FRY'S ELECTRONICS #8 WOODLAND HILLCA	51.94
10-05	10-04		24445007278005278980018	WHOLEFDS PTR 10175 SWH NORTHRIDGE CA	133.39
10-05	10-04		24351787278137816955670	GODADDY.COM 480-5058855 AZ	36.32
10-08	10-04		24493987278200299300056	B DRILLINGS CHIROPRACTIC 8187107985 CA	46.00
10-10	10-08		24493987282000113112420	TRADER JOE'S #184 6265993700 CA	10.96
10-10	10-08		24717057282692823535775	SMART & FINAL CO. CHATSWORTH CA	60.51
10-12	10-10		24071057284987123248063	UNDERWOOD FAMILY FARMS MOORPARK CA	40.94
10-12	10-10		24254777284463084880668	IPOWER 888-511-4678 602-7165300 AZ	89.85
10-12	10-11		24493987285207199600056	INTERGRATED HEALING ARTS 8183447184 CA	29.00
10-22	10-18		24765017292010000347216	DAVID N VILLARREAL DDS WOODLAND HILLCA	135.00
10-22	10-19		24435657292207149201352	GURU.COM 412-687-2228 PA	74.95
10-22	10-20		24707807294980001344250	FOLLOW YOUR HEART 8187252820 CA	30.81
10-26	10-24		24717057298642980564755	CA DEPT OF REAL ESTATE SACRAMENTO CA	25.00

Bank of America

Platinum Visa Business Card Company Statement

10603300 - 068012 - 0001 - 0002 - 2347

Credit Limit	$18,250	Billing Date	11-26-07
Cash Limit	$9,125	Days in Billing Cycle	31
Cash Advance Balance	$0.00	Payment Due Date	12-21-07
Available Credit	$17,415	Minimum Payment Due	$10.00
		New Balance	**$835.36**

CENTAUR GIRL PROD INC
11100 8 SEPULVEDA BLVD #512

Company Account Number:
4339 9300 1359 5469

COMPANY SUMMARY

CENTAUR GIRL PROD IN 4339 9300 1359 5469	Previous Balance	- Payments	- Credits	+ Purchases/Other Debits/Fees	+ Cash Advances	+ Finance Charges	= New Balance
Company Total	$3,231.25	$3,231.25	$0.00	$835.36	$0.00	$0.00	$835.36

CARDHOLDER NEW ACTIVITY SUMMARY

	Credits	Purchases and Other Debits	Cash Advances	Total Activity
KATHLEEN M GOLD 4339 9300 1359 5774 Credit Limit $18,250	$0.00	$835.36	$0.00	$835.36

Paid #2470 $835.36 12/14/07

Customer Service
800.673.1044, 24 hours

Outside the U.S.
509.353.6656, 24 hours

For Lost or Stolen Card:
800.673.1044, 24 hours

Send Billing Inquiries to:
BANK OF AMERICA
PO BOX 15184
WILMINGTON DE 19850-5184

Finance Charges Total **Annual Percentage Rate** 0.00%

	Average Daily Balance	Daily Periodic Rate	Annual Percentage Rate	Periodic Finance Charge
PURCHASES	$0.00	0.04176%	15.24%	$0.00
CASH	$0.00	0.06641%	24.24%	$0.00

Company Account Summary

Previous Balance		$3,231.25
Payments	-	$3,231.25
Credits	-	$0.00
Purchases/Other Debits/Other Fees	+	$835.36
Cash Advances	+	$0.00
Overlimit Fees	+	$0.00
Late Payment Fees	+	$0.00
Finance Charge	+	$0.00
New Balance	=	$835.36

Please see the reverse side for information about your account.

CUSTOMER STATEMENT OF DISPUTED ITEM (You must use a separate form for each dispute. Please print.)

If you believe a transaction on your statement is an error, complete and sign a copy of this form using blue or black ink, or write a detailed letter on a separate sheet of paper. Then return it to: **PO Box 53101, Phoenix, AZ 85072-3101** no later than 60 days after we sent you the first bill on which the transaction or error appeared. You do not have to pay any amount in question while we are investigating, but you are obligated to pay the parts of your bill that are not in question.

PLEASE DO NOT ALTER WORDING ON THIS FORM OR MAIL YOUR LETTER WITH YOUR PAYMENT. Provide copies of all documentation that will help us investigate your dispute (e.g. contracts, invoices, detailed letter, sales slips, return receipts, or second opinions).

Your Name: _____ Account Number: _____
Posting Date: _____ Transaction Date: _____ Reference Number: _____
Amount: _____ Disputed Amount: _____ Merchant Name: _____

Below tell us why you think the item noted above is in error. **Check one box only.**

☐ 1. I certify that I do not recognize the transaction. I have attempted to contact the merchant to verify this transaction.

☐ 2. I certify that the charge listed above was not made by me or a person authorized by me to use my card, nor were the goods or services represented by the transaction received by me or authorized by me.

☐ 3. Although I did engage in a transaction with this merchant, I was billed for _____ transaction(s) totaling $ _____ that I did not engage in. I have my card in my possession. If available, enclose a copy of the sales slip for the valid charge.

☐ 4. I have not received the merchandise that was to be shipped to me on ___/___/___ (MM/DD/YY). I have asked the merchant to credit my account.

☐ 5. Merchandise shipped to me was not as described. Please explain in detail and if applicable provide proof of return.

☐ 6. Merchandise shipped to me arrived damaged and/or defective. I returned it on ___/___/___ (MM/DD/YY) and asked the merchant to credit my account. Please provide proof of return and describe how the merchandise was damaged and/or defective.

☐ 7. Although I did engage in the above transaction, I dispute the entire charge or a portion in the amount of $_____. I have contacted the merchant, returned the merchandise on ___/___/___ (MM/DD/YY) and requested a credit adjustment. I am disputing this charge because _____
Please supply proof of return or if unable to return merchandise please explain.

☐ 8. I notified the merchant on ___/___/___ (MM/DD/YY) to cancel the preauthorized order or reservation. Please note cancellation # and if available, enclose a copy of your telephone bill showing date and time of cancellation. Reason for cancellation: _____

☐ 9. Although I did engage in the above transaction, I have contacted the merchant for credit. The services to be provided on ___/___/___ (MM/DD/YY) were not received. Please describe the services to be received and explain the merchants failure to provide the services.

☐ 10. I was issued a credit slip that was not shown on my statement. ~~A copy of my credit slip is enclosed.~~ If the merchant has agreed to issue a credit, be advised the merchant has up to 30 days to supply this credit to your account.

☐ 11. The amount of the charge was increased from $_____ to $_____ or my sales slip was added incorrectly. **Enclosed is a copy of the sales slip that shows the correct amount.**

☐ 12. Other: Please explain _____

Merchants often provide telephone numbers with their names on your billing statement. If you do not recognize a transaction, attempt first to contact the merchant for transaction information.

Cardholder Signature (required): _____ **Date:** _____

Home Telephone: (_____)_____ **Business Telephone:** (_____) _____

PLEASE KEEP A COPY OF BOTH SIDE OF THIS STATEMENT FOR YOUR RECORDS

PAYMENTS

We credit a payment as of the date we receive it if the payment is: 1) received by 5:00 p.m. (Eastern Time) Monday through Friday (except legal holidays). 2) received at the payment address indicated on the front of this statement. 3) paid with a check drawn in U.S. dollars on a U.S. financial Institution or a U.S. dollar money order, and 4) sent in the return envelope with only the bottom portion of your statement accompanying it. Payments received after 5:00 p.m. (Eastern Time) Friday, but that otherwise meet the above requirements, will be processed on the next business day, which is usually the following Monday. Saturdays, Sundays, and holidays are not business days. Credit for payments received in any other manner may be delayed up to five business days, during which time finance charges, if applicable will continue to accrue. We will reject any payments that are not drawn in U.S. dollars and those drawn on a financial institution located outside of the United States. Please do not send cash, credit cards, correspondence, staples or paper clips with your payment. Mail your payment at least 7 days in advance of the payment due date to ensure timely delivery.

SERVICE FOR THE HEARING IMPAIRED: 888.500.6267

CUSTOMER CORRESPONDENCE

If you prefer to send a written inquiry regarding your account, please send the request to: **BANK OF AMERICA, PO BOX 15184, WILMINGTON, DE, 19850-5184, US.** This address should not be utilized to dispute merchant transactions appearing on your billing statement. Please see the paragraph above for instructions regarding dispute procedures.

Bank of America

Platinum Visa Business Card Company Statement

Credit Limit	$18,250	Billing Date	11-26-07
Cash Limit	$9,125	Days in Billing Cycle	31
Cash Advance Balance	$0.00	Payment Due Date	12-21-07
Available Credit	$17,415	Minimum Payment Due	$10.00
		New Balance	**$835.36**

CENTAUR GIRL PROD INC
11100 8 SEPULVEDA BLVD #512

Company Account Number:
4339 9300 1359 5469

10603300 - 068012 - 0002 - 0002 - 2347

COMPANY DETAIL

Posting Date	Sale Date	Category	Reference Number	Transactions	Amount
11-09	11-08		31274405350000554695784	PAYMENT RECEIVED -- THANK YOU	3,231.25CR

CARDHOLDER ACTIVITY

KATHLEEN M GOLD
Credit Limit $18,250

4339 9300 1359 5774
TOTAL ACTIVITY $835.36

Posting Date	Sale Date	Category	Reference Number	Transactions	Amount
10-31	10-29		24765017303010000175622	DAVID N VILLARREAL DDS WOODLAND HILLCA	665.00
11-01	10-31		24765017304286027570834	DAZ PRODUCTIONS 800-495-1777 UT	11.69
11-02	11-01		24692167305000535848172	Amazon.com AMZN.COM/BILLWA	23.01
11-02	11-01		24765017305286027638432	DAZ PRODUCTIONS 800-495-1777 UT	7.95
11-05	11-01		24129427306100000655969	LIVING HERBAL PHARMACY 800-560-2873 FL	100.71
11-06	11-05		24717057309133096648994	CA DMV LICENSE RENEWAL 916-6578545 CA	27.00

Bank of America

Platinum Visa Business Card Company Statement

Credit Limit	$14,250	Billing Date	12-26-06
Cash Limit	$7,125	Days in Billing Cycle	30
Cash Advance Balance	$0.00	Payment Due Date	01-20-07
Available Credit	$13,663	Minimum Payment Due	$10.00
		New Balance	**$586.90**

CENTAUR GIRL PROD INC
11100 8 SEPULVEDA BLVD #512

Company Account Number:
4339 9300 1359 5469

COMPANY SUMMARY

CENTAUR GIRL PROD IN 4339 9300 1359 5469	Previous Balance	- Payments	- Credits	+ Purchases/Other Debits/Fees	+ Cash Advances	+ Finance Charges	= New Balance
Company Total	$7.95	$7.95	$0.00	$586.90	$0.00	$0.00	$586.90

CARDHOLDER NEW ACTIVITY SUMMARY

	Credits	Purchases and Other Debits	Cash Advances	Total Activity
KATHLEEN M GOLD 4339 9300 1359 5774 Credit Limit $14,250	$0.00	$586.90	$0.00	$586.90

Customer Service
888.449.2273, 24 hours

Outside the U.S.
509.353.6656, 24 hours

For Lost or Stolen Card:
888.449.2273, 24 hours

Send Billing Inquiries to:
BANK OF AMERICA
PO BOX 2463
SPOKANE WA 99210-2463

Finance Charges Total **Annual Percentage Rate** 0.00%

	Average Daily Balance	Daily Periodic Rate	Annual Percentage Rate	Periodic Finance Charge
PURCHASES	$0.00	0.04176%	15.24%	$0.00
CASH	$0.00	0.06641%	24.24%	$0.00

Company Account Summary

Previous Balance		$7.95
Payments	-	$7.95
Credits	-	$0.00
Purchases/Other Debits/Other Fees	+	$586.90
Cash Advances	+	$0.00
Overlimit Fees	+	$0.00
Late Payment Fees	+	$0.00
Finance Charge	+	$0.00
New Balance	=	$586.90

Paid
#119
1/12/07
$586.90

Please see the reverse side for information about your account.

Posting payments: Payments received by mail at the remittance address shown on the Payment Coupon portion of the face of this statement on a banking day will be posted to your account on the day received. If we receive your mailed payment on a non-banking day, we will post it to your account on the next banking day. There may be a delay of up to 5 banking days in posting payments made at a location other than the mailing address listed on the front of your payment coupon.

Service for the hearing-impaired (TTY/TDD): Contact our service for the hearing-impaired at 800.222.7365

Telephone monitoring: For the purposes of monitoring and improving the quality of service, Bank's supervisory personnel may listen to and/or record telephone calls between Bank employees and any person acting on Company's behalf.

In case of errors or questions about your bill: Errors or questions about your bill must be received in writing no later than 60 days after we sent you the first statement on which the error or problem appeared. Please mail this information to Bank of America, P.O. Box 53101, Phoenix, AZ 85072-3101. Your letter must include the following information:

- The company name, cardholder name and account number in question.
- The dollar amount of the suspected error.
- A written description of the error and why you believe there is an error. If you need more information, describe the item you are unsure about.

Customer Service:	For questions regarding transactions, general assistance, and reporting lost and stolen card, call:	
	Within the U.S. 1.888.449.2273	Outside the U.S. 509.353.6656 (collect calls accepted)

Recycled paper

Thank you for your business

Bank of America

Platinum Visa Business Card Company Statement

Credit Limit	$14,250	Billing Date	12-26-06
Cash Limit	$7,125	Days in Billing Cycle	30
Cash Advance Balance	$0.00	Payment Due Date	01-20-07
Available Credit	$13,663	Minimum Payment Due	$10.00
		New Balance	**$586.90**

CENTAUR GIRL PROD INC
11100 8 SEPULVEDA BLVD #512

Company Account Number:
4339 9300 1359 5469

COMPANY DETAIL

Posting Date	Sale Date	Reference Number	Transactions	Amount
12-13	12-12	34685500030405900001707	PAYMENT - THANK YOU	7.95CR

CARDHOLDER ACTIVITY

KATHLEEN M GOLD
Credit Limit $14,250

4339 9300 1359 5774
TOTAL ACTIVITY $586.90

Posting Date	Sale Date	Reference Number	Transactions	Amount
12-04	12-02	24765016336286736212706	DAZ PRODUCTIONS 800-495-1777 UT	7.95
12-06	12-05	24492156339820637294941	PAYPAL *CHRISPORTER 402-935-7733 CA	199.00
12-07	12-06	24492156340820561535084	CAFEPRESS COM HELP 877-809-1659 CA	45.00
12-26	12-22	24435656356207149000742	GURU.COM 412-687-2228 PA	150.00
12-26	12-21	24223696356701126352516	FUNDING POST 203-613-8242 CT	125.00
12-26	12-23	24492156357820279871250	CAFEPRESS COM HELP 877-809-1659 CA	59.95

Bank of America

Platinum Visa Business Card Company Statement

Credit Limit	$14,250	Billing Date	01-26-07
Cash Limit	$7,125	Days in Billing Cycle	31
Cash Advance Balance	$0.00	Payment Due Date	02-20-07
Available Credit	$14,119	Minimum Payment Due	$10.00
		New Balance	**$130.92**

CENTAUR GIRL PROD INC
11100 8 SEPULVEDA BLVD #512

Company Account Number:
4339 9300 1359 5469

COMPANY SUMMARY

CENTAUR GIRL PROD IN 4339 9300 1359 5469	Previous Balance	- Payments	- Credits	+ Purchases/Other Debits/Fees	+ Cash Advances	+ Finance Charges	= New Balance
Company Total	$586.90	$586.90	$0.00	$130.92	$0.00	$0.00	$130.92

CARDHOLDER NEW ACTIVITY SUMMARY

	Credits	Purchases and Other Debits	Cash Advances	Total Activity
KATHLEEN M GOLD 4339 9300 1359 5774 Credit Limit $14,250	$0.00	$130.92	$0.00	$130.92

Customer Service
888.449.2273, 24 hours

Outside the U.S.
509.353.6656, 24 hours

For Lost or Stolen Card:
888.449.2273, 24 hours

Send Billing Inquiries to:
BANK OF AMERICA
PO BOX 2463
SPOKANE WA 99210-2463

Finance Charges Total **Annual Percentage Rate** 0.00%

	Average Daily Balance	Daily Periodic Rate	Annual Percentage Rate	Periodic Finance Charge
PURCHASES	$0.00	0.04176%	15.24%	$0.00
CASH	$0.00	0.06641%	24.24%	$0.00

Paid #120
~~#130~~ 92
130.92
2-21-07

Company Account Summary

Previous Balance		$586.90
Payments	-	$586.90
Credits	-	$0.00
Purchases/Other Debits/Other Fees	+	$130.92
Cash Advances	+	$0.00
Overlimit Fees	+	$0.00
Late Payment Fees	+	$0.00
Finance Charge	+	$0.00
New Balance	=	$130.92

Please see the reverse side for information about your account.

Posting payments: Payments received by mail at the remittance address shown on the Payment Coupon portion of the face of this statement on a banking day will be posted to your account on the day received. If we receive your mailed payment on a non-banking day, we will post it to your account on the next banking day. There may be a delay of up to 5 banking days in posting payments made at a location other than the mailing address listed on the front of your payment coupon.

Service for the hearing-impaired (TTY/TDD): Contact our service for the hearing-impaired at 800.222.7365

Telephone monitoring: For the purposes of monitoring and improving the quality of service, Bank's supervisory personnel may listen to and/or record telephone calls between Bank employees and any person acting on Company's behalf.

In case of errors or questions about your bill: Errors or questions about your bill must be received in writing no later than 60 days after we sent you the first statement on which the error or problem appeared. Please mail this information to Bank of America, P.O. Box 53101, Phoenix, AZ 85072-3101. Your letter must include the following information:

- The company name, cardholder name and account number in question.
- The dollar amount of the suspected error.
- A written description of the error and why you believe there is an error. If you need more information, describe the item you are unsure about.

Customer Service:	For questions regarding transactions, general assistance, and reporting lost and stolen card, call:	
	Within the U.S. 1.888.449.2273	Outside the U.S. 509.353.6656 (collect calls accepted)

Recycled paper

Thank you for your business

Bank of America

Platinum Visa Business Card Company Statement

Credit Limit	$14,250	Billing Date	01-26-07
Cash Limit	$7,125	Days in Billing Cycle	31
Cash Advance Balance	$0.00	Payment Due Date	02-20-07
Available Credit	$14,119	Minimum Payment Due	$10.00
		New Balance	**$130.92**

CENTAUR GIRL PROD INC
11100 8 SEPULVEDA BLVD #512

Company Account Number:
4339 9300 1359 5469

COMPANY DETAIL

Posting Date	Sale Date	Reference Number	Transactions	Amount
01-15	01-13	01385500030401500011859	PAYMENT - THANK YOU	586.90CR

CARDHOLDER ACTIVITY

KATHLEEN M GOLD
Credit Limit $14,250

4339 9300 1359 5774
TOTAL ACTIVITY $130.92

Posting Date	Sale Date	Reference Number	Transactions	Amount
01-02	01-01	24765017001286018900889	DAZ PRODUCTIONS 800-495-1777 UT	7.95
01-05	01-03	24625127004470021858789	CHEVRON 00093597 MISSION HILLSCA	33.12
01-12	01-10	24254777011463084886871	IPOWER 602-7165300 AZ	89.85

Bank of America

Platinum Visa Business Card Company Statement

10600570 - 050817 - 0001 - 0002 - 27

CENTAUR GIRL PROD INC
11100 8 SEPULVEDA BLVD #512

Company Account Number:
4339 9300 1359 5469

Credit Limit	$14,250	Billing Date	02-26-07
Cash Limit	$7,125	Days in Billing Cycle	31
Cash Advance Balance	$0.00	Payment Due Date	03-23-07
Available Credit	$14,205	Minimum Payment Due	$44.70
		New Balance	**$44.70**

Platinum Visa Business Card News

Important Notice: You have a new credit card payment address as reflected on the attached payment coupon. If you make your payment through an online bill pay service, please include the new address to ensure that payment is received by the due date.

COMPANY SUMMARY

CENTAUR GIRL PROD IN 4339 9300 1359 5469	Previous Balance	- Payments	- Credits	+ Purchases/Other Debits/Fees	+ Cash Advances	+ Finance Charges	= New Balance
Company Total	$130.92	$130.92	$75.00	$117.95	$0.00	$1.75	$44.70

CARDHOLDER NEW ACTIVITY SUMMARY

	Credits	Purchases and Other Debits	Cash Advances	Total Activity
KATHLEEN M GOLD 4339 9300 1359 5774 Credit Limit $14,250	$75.00	$82.95	$0.00	$7.95

Customer Service
888.449.2273, 24 hours

Outside the U.S.
509.353.6656, 24 hours

For Lost or Stolen Card:
888.449.2273, 24 hours

Send Billing Inquiries to:
BANK OF AMERICA
PO BOX 2463
SPOKANE WA 99210-2463

Finance Charges Total **Annual Percentage Rate** 15.24%

	Average Daily Balance	Daily Periodic Rate	Annual Percentage Rate	Periodic Finance Charge
PURCHASES	$134.94	0.04176%	15.24%	$1.75
CASH	$0.00	0.06641%	24.24%	$0.00

Company Account Summary

Previous Balance		$130.92
Payments	-	$130.92
Credits	-	$75.00
Purchases/Other Debits/Other Fees	+	$117.95
Cash Advances	+	$0.00
Overlimit Fees	+	$0.00
Late Payment Fees	+	$35.00
Finance Charge	+	$1.75
New Balance	=	$44.70

CUSTOMER STATEMENT OF DISPUTED ITEM (You must use a separate form for each dispute. Please print.)

If you believe a transaction on your statement is an error, complete and sign a copy of this form using blue or black ink, or write a detailed letter on a separate sheet of paper. Then return it to: **PO Box 53101, Phoenix, AZ 85072-3101** no later than 60 days after we sent you the first bill on which the transaction or error appeared. You do not have to pay any amount in question while we are investigating, but you are obligated to pay the parts of your bill that are not in question.

PLEASE DO NOT ALTER WORDING ON THIS FORM OR MAIL YOUR LETTER WITH YOUR PAYMENT. Provide copies of all documentation that will help us investigate your dispute (e.g. contracts, invoices, detailed letter, sales slips, return receipts, or second opinions).

Your Name: _____ Account Number: _____
Posting Date: _____ Transaction Date: _____ Reference Number: _____
Amount: _____ Disputed Amount: _____ Merchant Name: _____

Below tell us why you think the item noted above is in error. **Check one box only.**

☐ 1. I certify that I do not recognize the transaction. I have attempted to contact the merchant to verify this transaction.

☐ 2. I certify that the charge listed above was not made by me or a person authorized by me to use my card, nor were the goods or services represented by the transaction received by me or authorized by me.

☐ 3. Although I did engage in a transaction with this merchant, I was billed for _____ transaction(s) totaling $ _____ that I did not engage in. I have my card in my possession. If available, enclose a copy of the sales slip for the valid charge.

☐ 4. I have not received the merchandise that was to be shipped to me on ___ /___ /___ (MM/DD/YY). I have asked the merchant to credit my account.

☐ 5. Merchandise shipped to me was not as described. Please explain in detail and if applicable provide proof of return.

☐ 6. Merchandise shipped to me arrived damaged and/or defective. I returned it on ___ /___ /___ (MM/DD/YY) and asked the merchant to credit my account. Please provide proof of return and describe how the merchandise was damaged and/or defective.

☐ 7. Although I did engage in the above transaction, I dispute the entire charge or a portion in the amount of $_____. I have contacted the merchant, returned the merchandise on ___ /___ /___ (MM/DD/YY) and requested a credit adjustment. I am disputing this charge because _____
Please supply proof of return or if unable to return merchandise please explain.

☐ 8. I notified the merchant on ___ /___ /___ (MM/DD/YY) to cancel the preauthorized order or reservation. Please note cancellation # and if available, enclose a copy of your telephone bill showing date and time of cancellation. Reason for cancellation: _____

☐ 9. Although I did engage in the above transaction, I have contacted the merchant for credit. The services to be provided on ___ /___ /___ (MM/DD/YY) were not received. Please describe the services to be received and explain the merchants failure to provide the services.

☐ 10. I was issued a credit slip that was not shown on my statement. **A copy of my credit slip is enclosed.** If the merchant has agreed to issue a credit, be advised the merchant has up to 30 days to supply this credit to your account.

☐ 11. The amount of the charge was increased from $_____ to $_____ or my sales slip was added incorrectly. **Enclosed is a copy of the sales slip that shows the correct amount.**

☐ 12. Other: Please explain _____

Merchants often provide telephone numbers with their names on your billing statement. If you do not recognize a transaction, attempt first to contact the merchant for transaction information.

Cardholder Signature (required): _____ **Date:** _____

Home Telephone: (_____) _____ **Business Telephone:** (_____) _____

PLEASE KEEP A COPY OF BOTH SIDE OF THIS STATEMENT FOR YOUR RECORDS

PAYMENTS

We credit a payment as of the date we receive it if the payment is: 1) received by 5:00 p.m. (Eastern Time) Monday through Friday (except legal holidays). 2) received at the payment address indicated on the front of this statement. 3) paid with a check drawn in U.S. dollars on a U.S. financial Institution or a U.S. dollar money order, and 4) sent in the return envelope with only the bottom portion of your statement accompanying it. Payments received after 5:00 p.m. (Eastern Time) Friday, but that otherwise meet the above requirements, will be processed on the next business day, which is usually the following Monday. Saturdays, Sundays, and holidays are not business days. Credit for payments received in any other manner may be delayed up to five business days, during which time finance charges, if applicable will continue to accrue. We will reject any payments that are not drawn in U.S. dollars and those drawn on a financial institution located outside of the United States. Please do not send cash, credit cards, correspondence, staples or paper clips with your payment. Mail your payment at least 7 days in advance of the payment due date to ensure timely delivery.

SERVICE FOR THE HEARING IMPAIRED: 888.500.6267

CUSTOMER CORRESPONDENCE

If you prefer to send a written inquiry regarding your account, please send the request to: **BANK OF AMERICA, PO BOX 15184, WILMINGTON, DE, 19850-5184, US.** This address should not be utilized to dispute merchant transactions appearing on your billing statement. Please see the paragraph above for instructions regarding dispute procedures.

Bank of America

Platinum Visa Business Card Company Statement

10600570 - 050817 - 0002 - 0002 - 27

Credit Limit	$14,250	Billing Date	02-26-07
Cash Limit	$7,125	Days in Billing Cycle	31
Cash Advance Balance	$0.00	Payment Due Date	03-23-07
Available Credit	$14,205	Minimum Payment Due	$44.70
		New Balance	**$44.70**

CENTAUR GIRL PROD INC
11100 8 SEPULVEDA BLVD #512

Company Account Number:
4339 9300 1359 5469

COMPANY DETAIL

Posting Date	Sale Date	Category	Reference Number	Transactions	Amount
02-20	02-20			LATE PAYMENT FEE	35.00
02-23	02-22		05385500030400500011050	PAYMENT - THANK YOU	130.92CR
02-26	02-26			PURCHASE *FINANCE CHARGE*	1.75

CARDHOLDER ACTIVITY

KATHLEEN M GOLD
Credit Limit $14,250

4339 9300 1359 5774
TOTAL ACTIVITY $7.95

Posting Date	Sale Date	Category	Reference Number	Transactions	Amount
02-02	02-01		24765017033286940366466	DAZ PRODUCTIONS 800-495-1777 UT	7.95
02-13	02-13		24765017044200412490701	IPOWERWEB, INC. 310-314-1608 AZ	75.00
02-19	02-17		74765017048200452491297	IPOWERWEB, INC. PHOENIX AZ	75.00CR

Paid
3/23/07
44.70
#522

Bank of America

Platinum Visa Business Card Company Statement

10600850 - 050156 - 0001 - 0002 - 247

CENTAUR GIRL PROD INC
11100 8 SEPULVEDA BLVD #512

Company Account Number:
4339 9300 1359 5469

Credit Limit	$14,250	Billing Date	03-26-07
Cash Limit	$7,125	Days in Billing Cycle	28
Cash Advance Balance	$0.00	Payment Due Date	04-20-07
Available Credit	$14,161	Minimum Payment Due	$88.65
		New Balance	**$88.65**

Platinum Visa Business Card News

Important Notice: You have a new credit card payment address as reflected on the attached payment coupon. If you make your payment through an online bill pay service, please include the new address to ensure that payment is received by the due date.

#2409
4/14/07
$88.65
Paid

COMPANY SUMMARY

CENTAUR GIRL PROD IN 4339 9300 1359 5469	Previous Balance	- Payments	- Credits	+ Purchases/Other Debits/Fees	+ Cash Advances	+ Finance Charges	= New Balance
Company Total	$44.70	$0.00	$0.00	$42.95	$0.00	$1.00	$88.65

HAVE YOU FORGOTTEN? YOUR ACCOUNT IS PAST DUE. IF PAYMENT HAS ALREADY BEEN MADE, THANK YOU AND PLEASE DISREGARD THIS REMINDER. PLEASE CALL (866)729-9138.

CARDHOLDER NEW ACTIVITY SUMMARY

	Credits	Purchases and Other Debits	Cash Advances	Total Activity
KATHLEEN M GOLD 4339 9300 1359 5774 Credit Limit $14,250	$0.00	$7.95	$0.00	$7.95

Customer Service
800.673.1044, 24 hours

Outside the U.S.
509.353.6656, 24 hours

For Lost or Stolen Card:
800.673.1044, 24 hours

Send Billing Inquiries to:
BANK OF AMERICA
PO BOX 15184
WILMINGTON DE 19850-5184

Finance Charges Total **Annual Percentage Rate** 15.24%

	Average Daily Balance	Daily Periodic Rate	Annual Percentage Rate	Periodic Finance Charge
PURCHASES	$57.37	0.04176%	15.24%	$1.00
CASH	$0.00	0.06641%	24.24%	$0.00

Company Account Summary

Previous Balance		$44.70
Payments	-	$0.00
Credits	-	$0.00
Purchases/Other Debits/Other Fees	+	$7.95
Cash Advances	+	$0.00
Overlimit Fees	+	$0.00
Late Payment Fees	+	$35.00
Finance Charge	+	$1.00
New Balance	=	$88.65

Please see the reverse side for information about your account.

CUSTOMER STATEMENT OF DISPUTED ITEM (You must use a separate form for each dispute. Please print.)

If you believe a transaction on your statement is an error, complete and sign a copy of this form using blue or black ink, or write a detailed letter on a separate sheet of paper. Then return it to: **PO Box 53101, Phoenix, AZ 85072-3101** no later than 60 days after we sent you the first bill on which the transaction or error appeared. You do not have to pay any amount in question while we are investigating, but you are obligated to pay the parts of your bill that are not in question.

PLEASE DO NOT ALTER WORDING ON THIS FORM OR MAIL YOUR LETTER WITH YOUR PAYMENT. Provide copies of all documentation that will help us investigate your dispute (e.g. contracts, invoices, detailed letter, sales slips, return receipts, or second opinions).

Your Name: _____ Account Number: _____
Posting Date: _____ Transaction Date: _____ Reference Number: _____
Amount: _____ Disputed Amount: _____ Merchant Name: _____

Below tell us why you think the item noted above is in error. **Check one box only.**

☐ 1. I certify that I do not recognize the transaction. I have attempted to contact the merchant to verify this transaction.

☐ 2. I certify that the charge listed above was not made by me or a person authorized by me to use my card, nor were the goods or services represented by the transaction received by me or authorized by me.

☐ 3. Although I did engage in a transaction with this merchant, I was billed for _____ transaction(s) totaling $ _____ that I did not engage in. I have my card in my possession. If available, enclose a copy of the sales slip for the valid charge.

☐ 4. I have not received the merchandise that was to be shipped to me on ___ /___ /___ (MM/DD/YY). I have asked the merchant to credit my account.

☐ 5. Merchandise shipped to me was not as described. Please explain in detail and if applicable provide proof of return.

☐ 6. Merchandise shipped to me arrived damaged and/or defective. I returned it on ___ /___ /___ (MM/DD/YY) and asked the merchant to credit my account. Please provide proof of return and describe how the merchandise was damaged and/or defective.

☐ 7. Although I did engage in the above transaction, I dispute the entire charge or a portion in the amount of $_____. I have contacted the merchant, returned the merchandise on ___ /___ /___ (MM/DD/YY) and requested a credit adjustment. I am disputing this charge because _____
Please supply proof of return or if unable to return merchandise please explain._____

☐ 8. I notified the merchant on ___ /___ /___ (MM/DD/YY) to cancel the preauthorized order or reservation. Please note cancellation # and if available, enclose a copy of your telephone bill showing date and time of cancellation. Reason for cancellation: _____

☐ 9. Although I did engage in the above transaction, I have contacted the merchant for credit. The services to be provided on ___ /___ /___ (MM/DD/YY) were not received. Please describe the services to be received and explain the merchants failure to provide the services.

☐ 10. I was issued a credit slip that was not shown on my statement. **A copy of my credit slip is enclosed.** If the merchant has agreed to issue a credit, be advised the merchant has up to 30 days to supply this credit to your account.

☐ 11. The amount of the charge was increased from $_____ to $_____ or my sales slip was added incorrectly. **Enclosed is a copy of the sales slip that shows the correct amount.**

☐ 12. Other: Please explain _____

Merchants often provide telephone numbers with their names on your billing statement. If you do not recognize a transaction, attempt first to contact the merchant for transaction information.

Cardholder Signature (required): _____ **Date:** _____

Home Telephone: (_____) _____ **Business Telephone:** (_____) _____

PLEASE KEEP A COPY OF BOTH SIDE OF THIS STATEMENT FOR YOUR RECORDS

PAYMENTS

We credit a payment as of the date we receive it if the payment is: 1) received by 5:00 p.m. (Eastern Time) Monday through Friday (except legal holidays). 2) received at the payment address indicated on the front of this statement. 3) paid with a check drawn in U.S. dollars on a U.S. financial Institution or a U.S. dollar money order, and 4) sent in the return envelope with only the bottom portion of your statement accompanying it. Payments received after 5:00 p.m. (Eastern Time) Friday, but that otherwise meet the above requirements, will be processed on the next business day, which is usually the following Monday. Saturdays, Sundays, and holidays are not business days. Credit for payments received in any other manner may be delayed up to five business days, during which time finance charges, if applicable will continue to accrue. We will reject any payments that are not drawn in U.S. dollars and those drawn on a financial institution located outside of the United States. Please do not send cash, credit cards, correspondence, staples or paper clips with your payment. Mail your payment at least 7 days in advance of the payment due date to ensure timely delivery.

SERVICE FOR THE HEARING IMPAIRED: 888.500.6267

CUSTOMER CORRESPONDENCE

If you prefer to send a written inquiry regarding your account, please send the request to: **BANK OF AMERICA, PO BOX 15184, WILMINGTON, DE, 19850-5184, US.** This address should not be utilized to dispute merchant transactions appearing on your billing statement. Please see the paragraph above for instructions regarding dispute procedures.

Bank of America

Platinum Visa Business Card Company Statement

Credit Limit	$14,250	Billing Date	03-26-07
Cash Limit	$7,125	Days in Billing Cycle	28
Cash Advance Balance	$0.00	Payment Due Date	04-20-07
Available Credit	$14,161	Minimum Payment Due	$88.65
		New Balance	**$88.65**

10600850 - 050156 - 0002 - 0002 - 247

CENTAUR GIRL PROD INC
11100 8 SEPULVEDA BLVD #512

Company Account Number:
4339 9300 1359 5469

COMPANY DETAIL

Posting Date	Sale Date	Category	Reference Number	Transactions	Amount
03-23	03-23			LATE PAYMENT FEE	35.00
03-26	03-26			PURCHASE *FINANCE CHARGE*	1.00

CARDHOLDER ACTIVITY

KATHLEEN M GOLD
Credit Limit $14,250

4339 9300 1359 5774
TOTAL ACTIVITY $7.95

Posting Date	Sale Date	Category	Reference Number	Transactions		Amount
03-02	03-01		24765017061286039304985	DAZ PRODUCTIONS	800-495-1777 UT	7.95

Bank of America

10601160 - 071851 - 0001 - 0002 - 237

Platinum Visa Business Card Company Statement

CENTAUR GIRL PROD INC
11100 8 SEPULVEDA BLVD #512

Company Account Number:
4339 9300 1359 5469

Credit Limit	$14,250	Billing Date	04-26-07
Cash Limit	$7,125	Days in Billing Cycle	31
Cash Advance Balance	$0.00	Payment Due Date	05-21-07
Available Credit	$14,167	Minimum Payment Due	$10.00
		New Balance	**$83.10**

Platinum Visa Business Card News

Important Notice: You have a new credit card payment address as reflected on the attached payment coupon. If you make your payment through an online bill pay service, please include the new address to ensure that payment is received by the due date.

Paid
#2417
83.10
5/20/07

COMPANY SUMMARY

CENTAUR GIRL PROD IN 4339 9300 1359 5469	Previous Balance	- Payments	- Credits	+ Purchases/Other Debits/Fees	+ Cash Advances	+ Finance Charges	= New Balance
Company Total	$88.65	$133.35	$0.00	$127.80	$0.00	$0.00	$83.10

CARDHOLDER NEW ACTIVITY SUMMARY

	Credits	Purchases and Other Debits	Cash Advances	Total Activity
KATHLEEN M GOLD 4339 9300 1359 5774 Credit Limit $14,250	$0.00	$127.80	$0.00	$127.80

Customer Service
800.673.1044, 24 hours

Outside the U.S.
509.353.6656, 24 hours

For Lost or Stolen Card:
800.673.1044, 24 hours

Send Billing Inquiries to:
BANK OF AMERICA
PO BOX 15184
WILMINGTON DE 19850-5184

Finance Charges Total **Annual Percentage Rate** 0.00%

	Average Daily Balance	Daily Periodic Rate	Annual Percentage Rate	Periodic Finance Charge
PURCHASES	$0.00	0.04176%	15.24%	$0.00
CASH	$0.00	0.06641%	24.24%	$0.00

Company Account Summary

Previous Balance		$88.65
Payments	-	$133.35
Credits	-	$0.00
Purchases/Other Debits/Other Fees	+	$127.80
Cash Advances	+	$0.00
Overlimit Fees	+	$0.00
Late Payment Fees	+	$0.00
Finance Charge	+	$0.00
New Balance	=	$83.10

Please see the reverse side for information about your account.

CUSTOMER STATEMENT OF DISPUTED ITEM (You must use a separate form for each dispute. Please print.)

If you believe a transaction on your statement is an error, complete and sign a copy of this form using blue or black ink, or write a detailed letter on a separate sheet of paper. Then return it to: **PO Box 53101, Phoenix, AZ 85072-3101** no later than 60 days after we sent you the first bill on which the transaction or error appeared. You do not have to pay any amount in question while we are investigating, but you are obligated to pay the parts of your bill that are not in question.

PLEASE DO NOT ALTER WORDING ON THIS FORM OR MAIL YOUR LETTER WITH YOUR PAYMENT. Provide copies of all documentation that will help us investigate your dispute (e.g. contracts, invoices, detailed letter, sales slips, return receipts, or second opinions).

Your Name: _____ Account Number: _____
Posting Date: _____ Transaction Date: _____ Reference Number: _____
Amount: _____ Disputed Amount: _____ Merchant Name: _____

Below tell us why you think the item noted above is in error. **Check one box only.**

☐ 1. I certify that I do not recognize the transaction. I have attempted to contact the merchant to verify this transaction.

☐ 2. I certify that the charge listed above was not made by me or a person authorized by me to use my card, nor were the goods or services represented by the transaction received by me or authorized by me.

☐ 3. Although I did engage in a transaction with this merchant, I was billed for _____ transaction(s) totaling $ _____ that I did not engage in. I have my card in my possession. If available, enclose a copy of the sales slip for the valid charge.

☐ 4. I have not received the merchandise that was to be shipped to me on ___ /___ /___ (MM/DD/YY). I have asked the merchant to credit my account.

☐ 5. Merchandise shipped to me was not as described. Please explain in detail and if applicable provide proof of return.

☐ 6. Merchandise shipped to me arrived damaged and/or defective. I returned it on ___ /___ /___ (MM/DD/YY) and asked the merchant to credit my account. Please provide proof of return and describe how the merchandise was damaged and/or defective.

☐ 7. Although I did engage in the above transaction, I dispute the entire charge or a portion in the amount of $_____. I have contacted the merchant, returned the merchandise on ___ /___ /___ (MM/DD/YY) and requested a credit adjustment. I am disputing this charge because _____
Please supply proof of return or if unable to return merchandise please explain. _____

☐ 8. I notified the merchant on ___ /___ /___ (MM/DD/YY) to cancel the preauthorized order or reservation. Please note cancellation # and if available, enclose a copy of your telephone bill showing date and time of cancellation. Reason for cancellation: _____

☐ 9. Although I did engage in the above transaction, I have contacted the merchant for credit. The services to be provided on ___ /___ /___ (MM/DD/YY) were not received. Please describe the services to be received and explain the merchants failure to provide the services.

☐ 10. I was issued a credit slip that was not shown on my statement. A copy of my credit slip is enclosed. If the merchant has agreed to issue a credit, be advised the merchant has up to 30 days to supply this credit to your account.

☐ 11. The amount of the charge was increased from $_____ to $_____ or my sales slip was added incorrectly. **Enclosed is a copy of the sales slip that shows the correct amount.**

☐ 12. Other: Please explain _____

Merchants often provide telephone numbers with their names on your billing statement. If you do not recognize a transaction, attempt first to contact the merchant for transaction information.

Cardholder Signature (required): _____ **Date:** _____

Home Telephone: (_____) _____ **Business Telephone:** (_____) _____

PLEASE KEEP A COPY OF BOTH SIDE OF THIS STATEMENT FOR YOUR RECORDS

PAYMENTS

We credit a payment as of the date we receive it if the payment is: 1) received by 5:00 p.m. (Eastern Time) Monday through Friday (except legal holidays). 2) received at the payment address indicated on the front of this statement. 3) paid with a check drawn in U.S. dollars on a U.S. financial Institution or a U.S. dollar money order, and 4) sent in the return envelope with only the bottom portion of your statement accompanying it. Payments received after 5:00 p.m. (Eastern Time) Friday, but that otherwise meet the above requirements, will be processed on the next business day, which is usually the following Monday. Saturdays, Sundays, and holidays are not business days. Credit for payments received in any other manner may be delayed up to five business days, during which time finance charges, if applicable will continue to accrue. We will reject any payments that are not drawn in U.S. dollars and those drawn on a financial institution located outside of the United States. Please do not send cash, credit cards, correspondence, staples or paper clips with your payment. Mail your payment at least 7 days in advance of the payment due date to ensure timely delivery.

SERVICE FOR THE HEARING IMPAIRED: 888.500.6267

CUSTOMER CORRESPONDENCE

If you prefer to send a written inquiry regarding your account, please send the request to: **BANK OF AMERICA, PO BOX 15184, WILMINGTON, DE, 19850-5184, US.** This address should not be utilized to dispute merchant transactions appearing on your billing statement. Please see the paragraph above for instructions regarding dispute procedures.

Bank of America

Platinum Visa Business Card Company Statement

Credit Limit	$14,250	Billing Date	04-26-07
Cash Limit	$7,125	Days in Billing Cycle	31
Cash Advance Balance	$0.00	Payment Due Date	05-21-07
Available Credit	$14,167	Minimum Payment Due	$10.00
		New Balance	**$83.10**

10601160 - 071851 - 0002 - 0002 - 237

CENTAUR GIRL PROD INC
11100 8 SEPULVEDA BLVD #512

Company Account Number:
4339 9300 1359 5469

COMPANY DETAIL

Posting Date	Sale Date	Category	Reference Number	Transactions	Amount
03-28	03-27		08685500030400300002896	PAYMENT - THANK YOU	44.70CR
04-19	04-18		10874405350000533169198	PAYMENT RECEIVED -- THANK YOU	88.65CR

CARDHOLDER ACTIVITY

KATHLEEN M GOLD
Credit Limit $14,250

4339 9300 1359 5774
TOTAL ACTIVITY $127.80

Posting Date	Sale Date	Category	Reference Number	Transactions	Amount
04-02	04-01		24765017092286147036811	DAZ PRODUCTIONS 800-495-1777 UT	7.95
04-12	04-10		24254777101463084883804	IPOWER 888-511-4678 602-7165300 AZ	89.85
04-25	04-24		24717057114151146718802	GOO GOO DOLLS 510-9571333 CA	30.00

Bank of America

10601460 - 086883 - 0001 - 0002 - 237

Platinum Visa Business Card Company Statement

CENTAUR GIRL PROD INC
11100 8 SEPULVEDA BLVD #512

Company Account Number:
4339 9300 1359 5469

Credit Limit	$14,250	Billing Date	05-26-07
Cash Limit	$7,125	Days in Billing Cycle	30
Cash Advance Balance	$0.00	Payment Due Date	06-19-07
Available Credit	$14,236	Minimum Payment Due	$13.95
		New Balance	**$13.95**

Platinum Visa Business Card News

Important Notice: You have a new credit card payment address as reflected on the attached payment coupon. If you make your payment through an online bill pay service, please include the new address to ensure that payment is received by the due date.

Paid
2421
6/9/07
$13.95

COMPANY SUMMARY

CENTAUR GIRL PROD IN 4339 9300 1359 5469	Previous Balance	- Payments	- Credits	+ Purchases/Other Debits/Fees	+ Cash Advances	+ Finance Charges	= New Balance
Company Total	$83.10	$83.10	$47.86	$60.81	$0.00	$1.00	$13.95

CARDHOLDER NEW ACTIVITY SUMMARY

	Credits	Purchases and Other Debits	Cash Advances	Total Activity
KATHLEEN M GOLD 4339 9300 1359 5774				
Credit Limit $14,250	$47.86	$25.81	$0.00	$22.05CR

Customer Service
800.673.1044, 24 hours

Outside the U.S.
509.353.6656, 24 hours

For Lost or Stolen Card:
800.673.1044, 24 hours

Send Billing Inquiries to:
BANK OF AMERICA
PO BOX 15184
WILMINGTON DE 19850-5184

Finance Charges Total Annual Percentage Rate 15.24%

	Average Daily Balance	Daily Periodic Rate	Annual Percentage Rate	Periodic Finance Charge
PURCHASES	$69.12	0.04176%	15.24%	$1.00
CASH	$0.00	0.06641%	24.24%	$0.00

Company Account Summary

Previous Balance		$83.10
Payments	-	$83.10
Credits	-	$47.86
Purchases/Other Debits/Other Fees	+	$25.81
Cash Advances	+	$0.00
Overlimit Fees	+	$0.00
Late Payment Fees	+	$35.00
Finance Charge	+	$1.00
New Balance	=	$13.95

Please see the reverse side for information about your account.

CUSTOMER STATEMENT OF DISPUTED ITEM (You must use a separate form for each dispute. Please print.)

If you believe a transaction on your statement is an error, complete and sign a copy of this form using blue or black ink, or write a detailed letter on a separate sheet of paper. Then return it to: **PO Box 53101, Phoenix, AZ 85072-3101** no later than 60 days after we sent you the first bill on which the transaction or error appeared. You do not have to pay any amount in question while we are investigating, but you are obligated to pay the parts of your bill that are not in question.

PLEASE DO NOT ALTER WORDING ON THIS FORM OR MAIL YOUR LETTER WITH YOUR PAYMENT. Provide copies of all documentation that will help us investigate your dispute (e.g. contracts, invoices, detailed letter, sales slips, return receipts, or second opinions).

Your Name: _____ Account Number: _____
Posting Date: _____ Transaction Date: _____ Reference Number: _____
Amount: _____ Disputed Amount: _____ Merchant Name: _____

Below tell us why you think the item noted above is in error. **Check one box only.**

☐ 1. I certify that I do not recognize the transaction. I have attempted to contact the merchant to verify this transaction.

☐ 2. I certify that the charge listed above was not made by me or a person authorized by me to use my card, nor were the goods or services represented by the transaction received by me or authorized by me.

☐ 3. Although I did engage in a transaction with this merchant, I was billed for _____ transaction(s) totaling $ _____ that I did not engage in. I have my card in my possession. If available, enclose a copy of the sales slip for the valid charge.

☐ 4. I have not received the merchandise that was to be shipped to me on ___ /___ /___ (MM/DD/YY). I have asked the merchant to credit my account.

☐ 5. Merchandise shipped to me was not as described. Please explain in detail and if applicable provide proof of return.

☐ 6. Merchandise shipped to me arrived damaged and/or defective. I returned it on ___ /___ /___ (MM/DD/YY) and asked the merchant to credit my account. Please provide proof of return and describe how the merchandise was damaged and/or defective.

☐ 7. Although I did engage in the above transaction, I dispute the entire charge or a portion in the amount of $_____. I have contacted the merchant, returned the merchandise on ___ /___ /___ (MM/DD/YY) and requested a credit adjustment. I am disputing this charge because _____
Please supply proof of return or if unable to return merchandise please explain.

☐ 8. I notified the merchant on ___ /___ /___ (MM/DD/YY) to cancel the preauthorized order or reservation. Please note cancellation # and if available, enclose a copy of your telephone bill showing date and time of cancellation. Reason for cancellation: _____

☐ 9. Although I did engage in the above transaction, I have contacted the merchant for credit. The services to be provided on ___ /___ /___ (MM/DD/YY) were not received. Please describe the services to be received and explain the merchants failure to provide the services.

☐ 10. I was issued a credit slip that was not shown on my statement. **A copy of my credit slip is enclosed.** If the merchant has agreed to issue a credit, be advised the merchant has up to 30 days to supply this credit to your account.

☐ 11. The amount of the charge was increased from $_____ to $_____ or my sales slip was added incorrectly. **Enclosed is a copy of the sales slip that shows the correct amount.**

☐ 12. Other: Please explain

Merchants often provide telephone numbers with their names on your billing statement. If you do not recognize a transaction, attempt first to contact the merchant for transaction information.

Cardholder Signature (required): _____ **Date:** _____

Home Telephone: (_____) _____ **Business Telephone:** (_____) _____

PLEASE KEEP A COPY OF BOTH SIDE OF THIS STATEMENT FOR YOUR RECORDS

PAYMENTS

We credit a payment as of the date we receive it if the payment is: 1) received by 5:00 p.m. (Eastern Time) Monday through Friday (except legal holidays). 2) received at the payment address indicated on the front of this statement. 3) paid with a check drawn in U.S. dollars on a U.S. financial Institution or a U.S. dollar money order, and 4) sent in the return envelope with only the bottom portion of your statement accompanying it. Payments received after 5:00 p.m. (Eastern Time) Friday, but that otherwise meet the above requirements, will be processed on the next business day, which is usually the following Monday. Saturdays, Sundays, and holidays are not business days. Credit for payments received in any other manner may be delayed up to five business days, during which time finance charges, if applicable will continue to accrue. We will reject any payments that are not drawn in U.S. dollars and those drawn on a financial institution located outside of the United States. Please do not send cash, credit cards, correspondence, staples or paper clips with your payment. Mail your payment at least 7 days in advance of the payment due date to ensure timely delivery.

SERVICE FOR THE HEARING IMPAIRED: 888.500.6267

CUSTOMER CORRESPONDENCE

If you prefer to send a written inquiry regarding your account, please send the request to: **BANK OF AMERICA, PO BOX 15184, WILMINGTON, DE, 19850-5184, US.** This address should not be utilized to dispute merchant transactions appearing on your billing statement. Please see the paragraph above for instructions regarding dispute procedures.

Bank of America

Platinum Visa Business Card Company Statement

Credit Limit	$14,250	Billing Date	05-26-07
Cash Limit	$7,125	Days in Billing Cycle	30
Cash Advance Balance	$0.00	Payment Due Date	06-19-07
Available Credit	$14,236	Minimum Payment Due	$13.95
		New Balance	**$13.95**

10601460 - 086683 - 0002 - 0002 - 237

CENTAUR GIRL PROD INC
11100 8 SEPULVEDA BLVD #512

Company Account Number:
4339 9300 1359 5469

COMPANY DETAIL

Posting Date	Sale Date	Category	Reference Number	Transactions	Amount
05-21	05-21			LATE PAYMENT FEE	35.00
05-24	05-23		14374405350000540061500	PAYMENT RECEIVED -- THANK YOU	83.10CR
05-25	05-25			PURCHASE *FINANCE CHARGE*	1.00

CARDHOLDER ACTIVITY

KATHLEEN M GOLD
Credit Limit $14,250

4339 9300 1359 5774
TOTAL ACTIVITY $22.05-

Posting Date	Sale Date	Category	Reference Number	Transactions	Amount
05-02	05-02		24765017122286252698748	DAZ PRODUCTIONS 800-495-1777 UT	7.95
05-10	05-10		74002757130887130000871	PURCHASE ADJUSTMENT	30.00CR
05-18	05-17		24143237137900012518760	GODADDY.COM 480-5058855 AZ	17.86
05-18	05-17		74143237137900013415011	GODADDY.COM 480-5058855 AZ	17.86CR

Bank of America

10601770 - 071520 - 0001 - 0002 - 3457

Platinum Visa Business Card Company Statement

Credit Limit	$14,250	Billing Date	06-26-07
Cash Limit	$7,125	Days in Billing Cycle	31
Cash Advance Balance	$0.00	Payment Due Date	07-21-07
Available Credit	$13,486	Minimum Payment Due	$10.00
		New Balance	**$763.75**

CENTAUR GIRL PROD INC
11100 8 SEPULVEDA BLVD #512

Company Account Number:
4339 9300 1359 5469

Paid
#2432
7/13/07
$733.75

COMPANY SUMMARY

CENTAUR GIRL PROD IN 4339 9300 1359 5469	Previous Balance	- Payments	- Credits	+ Purchases/Other Debits/Fees	+ Cash Advances	+ Finance Charges	= New Balance
Company Total	$13.95	$13.95	$0.00	$763.75	$0.00	$0.00	$763.75

CARDHOLDER NEW ACTIVITY SUMMARY

	Credits	Purchases and Other Debits	Cash Advances	Total Activity
KATHLEEN M GOLD 4339 9300 1359 5774 Credit Limit $14,250	$0.00	$763.75	$0.00	$763.75

Customer Service
800.673.1044, 24 hours

Outside the U.S.
509.353.6656, 24 hours

For Lost or Stolen Card:
800.673.1044, 24 hours

Send Billing Inquiries to:
BANK OF AMERICA
PO BOX 15184
WILMINGTON DE 19850-5184

Finance Charges Total **Annual Percentage Rate** 0.00%

	Average Daily Balance	Daily Periodic Rate	Annual Percentage Rate	Periodic Finance Charge
PURCHASES	$0.00	0.04176%	15.24%	$0.00
CASH	$0.00	0.06641%	24.24%	$0.00

Company Account Summary

Previous Balance		$13.95
Payments	-	$13.95
Credits	-	$0.00
Purchases/Other Debits/Other Fees	+	$763.75
Cash Advances	+	$0.00
Overlimit Fees	+	$0.00
Late Payment Fees	+	$0.00
Finance Charge	+	$0.00
New Balance	=	$763.75

Please see the reverse side for information about your account.

CUSTOMER STATEMENT OF DISPUTED ITEM (You must use a separate form for each dispute. Please print.)

If you believe a transaction on your statement is an error, complete and sign a copy of this form using blue or black ink, or write a detailed letter on a separate sheet of paper. Then return it to: **PO Box 53101, Phoenix, AZ 85072-3101** no later than 60 days after we sent you the first bill on which the transaction or error appeared. You do not have to pay any amount in question while we are investigating, but you are obligated to pay the parts of your bill that are not in question.

PLEASE DO NOT ALTER WORDING ON THIS FORM OR MAIL YOUR LETTER WITH YOUR PAYMENT. Provide copies of all documentation that will help us investigate your dispute (e.g. contracts, invoices, detailed letter, sales slips, return receipts, or second opinions).

Your Name: _____ Account Number: _____
Posting Date: _____ Transaction Date: _____ Reference Number: _____
Amount: _____ Disputed Amount: _____ Merchant Name: _____

Below tell us why you think the item noted above is in error. **Check one box only.**

☐ 1. I certify that I do not recognize the transaction. I have attempted to contact the merchant to verify this transaction.

☐ 2. I certify that the charge listed above was not made by me or a person authorized by me to use my card, nor were the goods or services represented by the transaction received by me or authorized by me.

☐ 3. Although I did engage in a transaction with this merchant, I was billed for _____ transaction(s) totaling $ _____ that I did not engage in. I have my card in my possession. If available, enclose a copy of the sales slip for the valid charge.

☐ 4. I have not received the merchandise that was to be shipped to me on ___ /___ /___ (MM/DD/YY). I have asked the merchant to credit my account.

☐ 5. Merchandise shipped to me was not as described. Please explain in detail and if applicable provide proof of return.

☐ 6. Merchandise shipped to me arrived damaged and/or defective. I returned it on ___ /___ /___ (MM/DD/YY) and asked the merchant to credit my account. Please provide proof of return and describe how the merchandise was damaged and/or defective.

☐ 7. Although I did engage in the above transaction, I dispute the entire charge or a portion in the amount of $_____. I have contacted the merchant, returned the merchandise on ___ /___ /___ (MM/DD/YY) and requested a credit adjustment. I am disputing this charge because _____
Please supply proof of return or if unable to return merchandise please explain. _____

☐ 8. I notified the merchant on ___ /___ /___ (MM/DD/YY) to cancel the preauthorized order or reservation. Please note cancellation # and if available, enclose a copy of your telephone bill showing date and time of cancellation. Reason for cancellation: _____

☐ 9. Although I did engage in the above transaction, I have contacted the merchant for credit. The services to be provided on ___ /___ /___ (MM/DD/YY) were not received. Please describe the services to be received and explain the merchants failure to provide the services.

☐ 10. I was issued a credit slip that was not shown on my statement. **A copy of my credit slip is enclosed.** If the merchant has agreed to issue a credit, be advised the merchant has up to 30 days to supply this credit to your account.

☐ 11. The amount of the charge was increased from $_____ to $_____ or my sales slip was added incorrectly. **Enclosed is a copy of the sales slip that shows the correct amount.**

☐ 12. Other: Please explain _____

Merchants often provide telephone numbers with their names on your billing statement. If you do not recognize a transaction, attempt first to contact the merchant for transaction information.

Cardholder Signature (required): _____ **Date:** _____

Home Telephone: (_____) _____ **Business Telephone:** (_____) _____

PLEASE KEEP A COPY OF BOTH SIDE OF THIS STATEMENT FOR YOUR RECORDS

PAYMENTS

We credit a payment as of the date we receive it if the payment is: 1) received by 5:00 p.m. (Eastern Time) Monday through Friday (except legal holidays). 2) received at the payment address indicated on the front of this statement. 3) paid with a check drawn in U.S. dollars on a U.S. financial Institution or a U.S. dollar money order, and 4) sent in the return envelope with only the bottom portion of your statement accompanying it. Payments received after 5:00 p.m. (Eastern Time) Friday, but that otherwise meet the above requirements, will be processed on the next business day, which is usually the following Monday. Saturdays, Sundays, and holidays are not business days. Credit for payments received in any other manner may be delayed up to five business days, during which time finance charges, if applicable will continue to accrue. We will reject any payments that are not drawn in U.S. dollars and those drawn on a financial institution located outside of the United States. Please do not send cash, credit cards, correspondence, staples or paper clips with your payment. Mail your payment at least 7 days in advance of the payment due date to ensure timely delivery.

SERVICE FOR THE HEARING IMPAIRED: 888.500.6267

CUSTOMER CORRESPONDENCE

If you prefer to send a written inquiry regarding your account, please send the request to: **BANK OF AMERICA, PO BOX 15184, WILMINGTON, DE, 19850-5184, US.** This address should not be utilized to dispute merchant transactions appearing on your billing statement. Please see the paragraph above for instructions regarding dispute procedures.

Bank of America

Platinum Visa Business Card Company Statement

Credit Limit	$14,250	Billing Date	06-26-07
Cash Limit	$7,125	Days in Billing Cycle	31
Cash Advance Balance	$0.00	Payment Due Date	07-21-07
Available Credit	$13,486	Minimum Payment Due	$10.00
		New Balance	**$763.75**

CENTAUR GIRL PROD INC
11100 8 SEPULVEDA BLVD #512

Company Account Number:
4339 9300 1359 5469

10801770 - 071520 - 0002 - 0002 - 3457

COMPANY DETAIL

Posting Date	Sale Date	Category	Reference Number	Transactions	Amount
06-14	06-14		16574405350000529482852	PAYMENT RECEIVED -- THANK YOU	13.95CR

CARDHOLDER ACTIVITY

KATHLEEN M GOLD
Credit Limit $14,250

4339 9300 1359 5774
TOTAL ACTIVITY $763.75

Posting Date	Sale Date	Category	Reference Number	Transactions	Amount
06-04	06-02		24765017153286357826212	DAZ PRODUCTIONS 800-495-1777 UT	7.95
06-07	06-07		24002757158887158000284	PURCHASE ADJUSTMENT	30.00
06-11	06-10		24210737161207112251193	BONDWARE INC RENDEROSITY 615-333-7775 TN	5.00
06-11	06-10		24445007162860083633676	WHOLEFDS PTR 10175 SWH NORTHRIDGE CA	32.80
06-13	06-11		24223697163701410217962	NUTRIESSENTIAL.COM 305-867-5355 FL	51.05
06-14	06-12		24024877164172280723554	JOIN TRUMP U 800-518-4906 UT	39.95
06-14	06-13		24492797164118000109601	REALTOR COM 800-8784166 CA	212.00
06-21	06-19		24301377171118000111808	N VALLEY STORAGE M HILL 818-3659877 CA	80.00
06-21	06-20		24301377171118000101965	HYDRO HEALTH 818-4483807 CA	70.00
06-25	06-22		24492797175118000106414	REALTOR COM 800-8784166 CA	235.00

Bank of America

Platinum Visa Business Card Company Statement

Credit Limit	$14,250	Billing Date	07-26-07
Cash Limit	$7,125	Days in Billing Cycle	30
Cash Advance Balance	$0.00	Payment Due Date	08-20-07
Available Credit	$12,595	Minimum Payment Due	$16.55
		New Balance	**$1,655.01**

CENTAUR GIRL PROD INC
11100 8 SEPULVEDA BLVD #512

Company Account Number:
4339 9300 1359 5469

Paid
#2440
8-8-07
$1655.01

COMPANY SUMMARY

CENTAUR GIRL PROD IN 4339 9300 1359 5469	Previous Balance	- Payments	- Credits	+ Purchases/Other Debits/Fees	+ Cash Advances	+ Finance Charges	= New Balance
Company Total	$763.75	$733.75	$30.00	$1,655.01	$0.00	$0.00	$1,655.01

CARDHOLDER NEW ACTIVITY SUMMARY

	Credits	Purchases and Other Debits	Cash Advances	Total Activity
KATHLEEN M GOLD 4339 9300 1359 5774 Credit Limit $14,250	$30.00	$1,655.01	$0.00	$1,625.01

Customer Service
800.673.1044, 24 hours

Outside the U.S.
509.353.6656, 24 hours

For Lost or Stolen Card:
800.673.1044, 24 hours

Send Billing Inquiries to:
BANK OF AMERICA
PO BOX 15184
WILMINGTON DE 19850-5184

Finance Charges Total **Annual Percentage Rate** 0.00%

	Average Daily Balance	Daily Periodic Rate	Annual Percentage Rate	Periodic Finance Charge
PURCHASES	$0.00	0.04176%	15.24%	$0.00
CASH	$0.00	0.06641%	24.24%	$0.00

Company Account Summary

Previous Balance		$763.75
Payments	-	$733.75
Credits	-	$30.00
Purchases/Other Debits/Other Fees	+	$1,655.01
Cash Advances	+	$0.00
Overlimit Fees	+	$0.00
Late Payment Fees	+	$0.00
Finance Charge	+	$0.00
New Balance	=	$1,655.01

Please see the reverse side for information about your account.

10602070 - 071032 - 0001 - 0002 2347

CUSTOMER STATEMENT OF DISPUTED ITEM (You must use a separate form for each dispute. Please print.)

If you believe a transaction on your statement is an error, complete and sign a copy of this form using blue or black ink, or write a detailed letter on a separate sheet of paper. Then return it to: **PO Box 53101, Phoenix, AZ 85072-3101** no later than 60 days after we sent you the first bill on which the transaction or error appeared. You do not have to pay any amount in question while we are investigating, but you are obligated to pay the parts of your bill that are not in question.

PLEASE DO NOT ALTER WORDING ON THIS FORM OR MAIL YOUR LETTER WITH YOUR PAYMENT. Provide copies of all documentation that will help us investigate your dispute (e.g. contracts, invoices, detailed letter, sales slips, return receipts, or second opinions).

Your Name: _____ Account Number: _____
Posting Date: _____ Transaction Date: _____ Reference Number: _____
Amount: _____ Disputed Amount: _____ Merchant Name: _____

Below tell us why you think the item noted above is in error. **Check one box only.**

☐ 1. I certify that I do not recognize the transaction. I have attempted to contact the merchant to verify this transaction.

☐ 2. I certify that the charge listed above was not made by me or a person authorized by me to use my card, nor were the goods or services represented by the transaction received by me or authorized by me.

☐ 3. Although I did engage in a transaction with this merchant, I was billed for _____ transaction(s) totaling $ _____ that I did not engage in. I have my card in my possession. If available, enclose a copy of the sales slip for the valid charge.

☐ 4. I have not received the merchandise that was to be shipped to me on ___ /___ /___ (MM/DD/YY). I have asked the merchant to credit my account.

☐ 5. Merchandise shipped to me was not as described. Please explain in detail and if applicable provide proof of return.

☐ 6. Merchandise shipped to me arrived damaged and/or defective. I returned it on ___ /___ /___ (MM/DD/YY) and asked the merchant to credit my account. Please provide proof of return and describe how the merchandise was damaged and/or defective.

☐ 7. Although I did engage in the above transaction, I dispute the entire charge or a portion in the amount of $_____. I have contacted the merchant, returned the merchandise on ___ /___ /___ (MM/DD/YY) and requested a credit adjustment. I am disputing this charge because _____
Please supply proof of return or if unable to return merchandise please explain. _____

☐ 8. I notified the merchant on ___ /___ /___ (MM/DD/YY) to cancel the preauthorized order or reservation. Please note cancellation # and if available, enclose a copy of your telephone bill showing date and time of cancellation. Reason for cancellation: _____

☐ 9. Although I did engage in the above transaction, I have contacted the merchant for credit. The services to be provided on ___ /___ /___ (MM/DD/YY) were not received. Please describe the services to be received and explain the merchants failure to provide the services.

☐ 10. I was issued a credit slip that was not shown on my statement. **A copy of my credit slip is enclosed.** If the merchant has agreed to issue a credit, be advised the merchant has up to 30 days to supply this credit to your account.

☐ 11. The amount of the charge was increased from $_____ to $_____ or my sales slip was added incorrectly. **Enclosed is a copy of the sales slip that shows the correct amount.**

☐ 12. Other: Please explain _____

Merchants often provide telephone numbers with their names on your billing statement. If you do not recognize a transaction, attempt first to contact the merchant for transaction information.

Cardholder Signature (required): _____ **Date:** _____

Home Telephone: (_____) _____ **Business Telephone:** (_____) _____

PLEASE KEEP A COPY OF BOTH SIDE OF THIS STATEMENT FOR YOUR RECORDS

PAYMENTS

We credit a payment as of the date we receive it if the payment is: 1) received by 5:00 p.m. (Eastern Time) Monday through Friday (except legal holidays). 2) received at the payment address indicated on the front of this statement. 3) paid with a check drawn in U.S. dollars on a U.S. financial Institution or a U.S. dollar money order, and 4) sent in the return envelope with only the bottom portion of your statement accompanying it. Payments received after 5:00 p.m. (Eastern Time) Friday, but that otherwise meet the above requirements, will be processed on the next business day, which is usually the following Monday. Saturdays, Sundays, and holidays are not business days. Credit for payments received in any other manner may be delayed up to five business days, during which time finance charges, if applicable will continue to accrue. We will reject any payments that are not drawn in U.S. dollars and those drawn on a financial institution located outside of the United States. Please do not send cash, credit cards, correspondence, staples or paper clips with your payment. Mail your payment at least 7 days in advance of the payment due date to ensure timely delivery.

SERVICE FOR THE HEARING IMPAIRED: 888.500.6267

CUSTOMER CORRESPONDENCE

If you prefer to send a written inquiry regarding your account, please send the request to: **BANK OF AMERICA, PO BOX 15184, WILMINGTON, DE, 19850-5184, US.** This address should not be utilized to dispute merchant transactions appearing on your billing statement. Please see the paragraph above for instructions regarding dispute procedures.

10602070 - 071032 - 0002 - 0002 - 2347

Platinum Visa Business Card Company Statement

Credit Limit	$14,250	Billing Date	07-26-07
Cash Limit	$7,125	Days in Billing Cycle	30
Cash Advance Balance	$0.00	Payment Due Date	08-20-07
Available Credit	$12,595	Minimum Payment Due	$16.55
		New Balance	**$1,655.01**

CENTAUR GIRL PROD INC
11100 8 SEPULVEDA BLVD #512

Company Account Number:
4339 9300 1359 5469

COMPANY DETAIL

Posting Date	Sale Date	Category	Reference Number	Transactions	Amount
07-16	07-16		19774405350000551954895	PAYMENT RECEIVED -- THANK YOU	733.75CR

CARDHOLDER ACTIVITY

KATHLEEN M GOLD
Credit Limit $14,250

4339 9300 1359 5774
TOTAL ACTIVITY $1,625.01

Posting Date	Sale Date	Category	Reference Number	Transactions	Amount
06-27	06-25		24765017177010000351515	DAVID N VILLARREAL DDS 8187166722 CA	10.00
06-28	06-27		24301377178118000102057	HYDRO HEALTH 818-4483807 CA	70.00
06-29	06-27		24493987179200299300031	B DRILLINGS CHIROPRACTIC 8187107985 CA	46.00
06-29	06-27		24493987179000114316554	TRADER JOE'S #184 6265993700 CA	13.66
06-29	06-27		24717057179691791920031	SMART & FINAL CO. CHATSWORTH CA	44.71
07-02	06-29		24223697181701410213365	NUTRIESSENTIAL.COM 305-867-5355 FL	51.05
07-02	07-01		24765017183286463832629	DAZ PRODUCTIONS 800-495-1777 UT	7.95
07-03	07-01		24164077183282320104089	WORLD MKT 00001347 NORTHRIDGE CA	10.81
07-05	07-05		74002757186887186000281	PURCHASE ADJUSTMENT	30.00CR
07-09	07-06		24492797187118000100330	NORTHRIDGE TOYOTA- SV NORTHRIDGE CA	175.26
07-09	07-06		24388947189670339984277	LA SALSA NORTHRIDGE CA	8.05
07-11	07-09		24071057191987168408897	SIMPLY SMOG #1 NORTHRIDGE CA	65.00
07-11	07-10		24492157192769030125703	FRY'S ELECTRONICS #8 WOODLAND HILLCA	685.81
07-12	07-10		24254777192463084886534	IPOWER 888-511-4678 602-7165300 AZ	89.85
07-12	07-11		24301377192118000102307	HYDRO HEALTH 818-4483807 CA	70.00
07-13	07-11		24493987193000115719915	TRADER JOE'S # 044 6265993700 CA	42.00
07-16	07-14		24071057196987178082984	UNDERWOOD FAMILY FARMS MOORPARK CA	8.53
07-16	07-14		24071057196987178131534	UNDERWOOD FAMILY FARMS MOORPARK CA	16.49
07-16	07-15		24210737196207112409352	BONDWARE INC RENDEROSITY 615-333-7775 TN	22.10
07-16	07-14		24223697196701410216205	NUTRIESSENTIAL.COM 305-867-5355 FL	51.05
07-19	07-17		24071057199987149267414	UNDERWOOD FAMILY FARMS MOORPARK CA	37.55
07-20	07-19		24445007201903618299150	WHOLEFDS PTR 10175 SWH NORTHRIDGE CA	25.14
07-23	07-21		24493987203207199600014	INTERGRATED HEALING ARTS 8183447184 CA	34.00
07-25	07-24		24301377205118000102542	HYDRO HEALTH 818-4483807 CA	70.00

Bank of America

Platinum Visa Business Card Company Statement

Credit Limit	$14,250	Billing Date	08-26-07
Cash Limit	$7,125	Days in Billing Cycle	31
Cash Advance Balance	$0.00	Payment Due Date	09-18-07
Available Credit	$12,467	Minimum Payment Due	$17.83
		New Balance	**$1,782.73**

CENTAUR GIRL PROD INC
11100 8 SEPULVEDA BLVD #512

Company Account Number:
4339 9300 1359 5469

COMPANY SUMMARY

CENTAUR GIRL PROD IN 4339 9300 1359 5469	Previous Balance	- Payments	- Credits	+ Purchases/Other Debits/Fees	+ Cash Advances	+ Finance Charges	= New Balance
Company Total	$1,655.01	$1,655.01	$0.00	$1,782.73	$0.00	$0.00	$1,782.73

CARDHOLDER NEW ACTIVITY SUMMARY

	Credits	Purchases and Other Debits	Cash Advances	Total Activity
KATHLEEN M GOLD 4339 9300 1359 5774 Credit Limit $14,250	$0.00	$1,782.73	$0.00	$1,782.73

Customer Service
800.673.1044, 24 hours

Outside the U.S.
509.353.6656, 24 hours

For Lost or Stolen Card:
800.673.1044, 24 hours

Send Billing Inquiries to:
BANK OF AMERICA
PO BOX 15184
WILMINGTON DE 19850-5184

Finance Charges Total **Annual Percentage Rate** 0.00%

	Average Daily Balance	Daily Periodic Rate	Annual Percentage Rate	Periodic Finance Charge
PURCHASES	$0.00	0.04176%	15.24%	$0.00
CASH	$0.00	0.06641%	24.24%	$0.00

Company Account Summary

Previous Balance		$1,655.01
Payments	-	$1,655.01
Credits	-	$0.00
Purchases/Other Debits/Other Fees	+	$1,782.73
Cash Advances	+	$0.00
Overlimit Fees	+	$0.00
Late Payment Fees	+	$0.00
Finance Charge	+	$0.00
New Balance	=	$1,782.73

Please see the reverse side for information about your account.

CUSTOMER STATEMENT OF DISPUTED ITEM (You must use a separate form for each dispute. Please print.)

If you believe a transaction on your statement is an error, complete and sign a copy of this form using blue or black ink, or write a detailed letter on a separate sheet of paper. Then return it to: **PO Box 53101, Phoenix, AZ 85072-3101** no later than 60 days after we sent you the first bill on which the transaction or error appeared. You do not have to pay any amount in question while we are investigating, but you are obligated to pay the parts of your bill that are not in question.

PLEASE DO NOT ALTER WORDING ON THIS FORM OR MAIL YOUR LETTER WITH YOUR PAYMENT. Provide copies of all documentation that will help us investigate your dispute (e.g. contracts, invoices, detailed letter, sales slips, return receipts, or second opinions).

Your Name: _____ Account Number: _____
Posting Date: _____ Transaction Date: _____ Reference Number: _____
Amount: _____ Disputed Amount: _____ Merchant Name: _____

Below tell us why you think the item noted above is in error. **Check one box only.**

☐ 1. I certify that I do not recognize the transaction. I have attempted to contact the merchant to verify this transaction.

☐ 2. I certify that the charge listed above was not made by me or a person authorized by me to use my card, nor were the goods or services represented by the transaction received by me or authorized by me.

☐ 3. Although I did engage in a transaction with this merchant, I was billed for _____ transaction(s) totaling $ _____ that I did not engage in. I have my card in my possession. If available, enclose a copy of the sales slip for the valid charge.

☐ 4. I have not received the merchandise that was to be shipped to me on ___ /___ /___ (MM/DD/YY). I have asked the merchant to credit my account.

☐ 5. Merchandise shipped to me was not as described. Please explain in detail and if applicable provide proof of return.

☐ 6. Merchandise shipped to me arrived damaged and/or defective. I returned it on ___ /___ /___ (MM/DD/YY) and asked the merchant to credit my account. Please provide proof of return and describe how the merchandise was damaged and/or defective.

☐ 7. Although I did engage in the above transaction, I dispute the entire charge or a portion in the amount of $_____. I have contacted the merchant, returned the merchandise on ___ /___ /___ (MM/DD/YY) and requested a credit adjustment. I am disputing this charge because _____
Please supply proof of return or if unable to return merchandise please explain.

☐ 8. I notified the merchant on ___ /___ /___ (MM/DD/YY) to cancel the preauthorized order or reservation. Please note cancellation # and if available, enclose a copy of your telephone bill showing date and time of cancellation. Reason for cancellation: _____

☐ 9. Although I did engage in the above transaction, I have contacted the merchant for credit. The services to be provided on ___ /___ /___ (MM/DD/YY) were not received. Please describe the services to be received and explain the merchants failure to provide the services.

☐ 10. I was issued a credit slip that was not shown on my statement. **A copy of my credit slip is enclosed.** If the merchant has agreed to issue a credit, be advised the merchant has up to 30 days to supply this credit to your account.

☐ 11. The amount of the charge was increased from $_____ to $_____ or my sales slip was added incorrectly. **Enclosed is a copy of the sales slip that shows the correct amount.**

☐ 12. Other: Please explain

Merchants often provide telephone numbers with their names on your billing statement. If you do not recognize a transaction, attempt first to contact the merchant for transaction information.

Cardholder Signature (required): _____ **Date:** _____

Home Telephone: (_____) _____ **Business Telephone:** (_____) _____

PLEASE KEEP A COPY OF BOTH SIDE OF THIS STATEMENT FOR YOUR RECORDS

PAYMENTS

We credit a payment as of the date we receive it if the payment is: 1) received by 5:00 p.m. (Eastern Time) Monday through Friday (except legal holidays). 2) received at the payment address indicated on the front of this statement. 3) paid with a check drawn in U.S. dollars on a U.S. financial Institution or a U.S. dollar money order, and 4) sent in the return envelope with only the bottom portion of your statement accompanying it. Payments received after 5:00 p.m. (Eastern Time) Friday, but that otherwise meet the above requirements, will be processed on the next business day, which is usually the following Monday. Saturdays, Sundays, and holidays are not business days. Credit for payments received in any other manner may be delayed up to five business days, during which time finance charges, if applicable will continue to accrue. We will reject any payments that are not drawn in U.S. dollars and those drawn on a financial institution located outside of the United States. Please do not send cash, credit cards, correspondence, staples or paper clips with your payment. Mail your payment at least 7 days in advance of the payment due date to ensure timely delivery.

SERVICE FOR THE HEARING IMPAIRED: 888.500.6267

CUSTOMER CORRESPONDENCE

If you prefer to send a written inquiry regarding your account, please send the request to: **BANK OF AMERICA, PO BOX 15184, WILMINGTON, DE, 19850-5184, US.** This address should not be utilized to dispute merchant transactions appearing on your billing statement. Please see the paragraph above for instructions regarding dispute procedures.

Bank of America

Platinum Visa Business Card Company Statement

Credit Limit	$14,250	Billing Date	08-26-07
Cash Limit	$7,125	Days in Billing Cycle	31
Cash Advance Balance	$0.00	Payment Due Date	09-18-07
Available Credit	$12,467	Minimum Payment Due	$17.83
		New Balance	**$1,782.73**

10602380 - 095644 - 0002 - 0002 - 2347

CENTAUR GIRL PROD INC
11100 8 SEPULVEDA BLVD #512

Company Account Number:
4339 9300 1359 5469

COMPANY DETAIL

Posting Date	Sale Date	Category	Reference Number	Transactions	Amount
08-15	08-14		22674405350000549705669	PAYMENT RECEIVED -- THANK YOU	1,655.01CR

CARDHOLDER ACTIVITY

KATHLEEN M GOLD
Credit Limit $14,250

4339 9300 1359 5774
TOTAL ACTIVITY $1,782.73

Posting Date	Sale Date	Category	Reference Number	Transactions	Amount
07-27	07-26		24445007208911491427460	WHOLEFDS PTR 10175 SWH NORTHRIDGE CA	106.73
07-30	07-29		24210737210207112498035	BONDWARE INC RENDEROSITY 615-333-7775 TN	0.49
07-30	07-27		24071057210987172268797	UNDERWOOD FAMILY FARMS MOORPARK CA	43.90
08-02	08-01		24765017214206579420336	3DCOMMUNE 269-663-0158 MI	47.97
08-02	08-02		24765017214286577389030	DAZ PRODUCTIONS 800-495-1777 UT	7.95
08-03	08-02		24492157215200494800014	LEARNING ANNEX 2123710280 NY	82.25
08-06	08-03		24492157215200525500237	LEARNING ANNEX 8006933790 NY	997.00
08-08	08-06		24223697219701410218311	NUTRIESSENTIAL.COM 305-867-5355 FL	51.05
08-08	08-07		24301377219118000102918	HYDRO HEALTH 818-4483807 CA	70.00
08-13	08-11		24692167224000308314434	THE VITAMIN SHOPPE#139 NORTHRIDGE CA	73.57
08-14	08-12		24332397225900710100040	LA CNTR DIGITALART/ACTEVA877-2140668 CA	32.17
08-14	08-13		24765017226206621534882	3DCOMMUNE 269-663-0158 MI	7.50
08-16	08-16		24765017228286633020490	DAZ PRODUCTIONS 800-495-1777 UT	4.92
08-17	08-15		24071057228987192003281	UNDERWOOD FAMILY FARMS MOORPARK CA	57.80
08-20	08-18		24332397231000125444422	CLASSMATES ONLINE00 OF 00425-9175000 CA	15.00
08-20	08-19		24143237231900012300990	GODADDY.COM 480-5058855 AZ	36.32
08-23	08-21		24399007234916451890049	BIG LOTS #044400044479 SYLMAR CA	27.06
08-23	08-22		24301377234118000103156	HYDRO HEALTH 818-4483807 CA	70.00
08-24	08-22		24223697235701410219665	NUTRIESSENTIAL.COM 305-867-5355 FL	51.05

Paid
#2447
9/11/07
$17.83

Bank of America

Platinum Visa Business Card Company Statement

Credit Limit	$18,250	Billing Date	09-26-07
Cash Limit	$9,125	Days in Billing Cycle	31
Cash Advance Balance	$0.00	Payment Due Date	10-21-07
Available Credit	$15,947	Minimum Payment Due	$51.01
		New Balance	**$2,302.72**

CENTAUR GIRL PROD INC
11100 8 SEPULVEDA BLVD #512

Company Account Number:
4339 9300 1359 5469

COMPANY SUMMARY

CENTAUR GIRL PROD IN 4339 9300 1359 5469	Previous Balance	- Payments	- Credits	+ Purchases/Other Debits/Fees	+ Cash Advances	+ Finance Charges	= New Balance
Company Total	$1,782.73	$17.83	$4.99	$514.54	$0.00	$28.27	$2,302.72

CARDHOLDER NEW ACTIVITY SUMMARY

	Credits	Purchases and Other Debits	Cash Advances	Total Activity
KATHLEEN M GOLD 4339 9300 1359 5774				
Credit Limit $18,250	$4.99	$514.54	$0.00	$509.55

Customer Service
800.673.1044, 24 hours

Outside the U.S.
509.353.6656, 24 hours

For Lost or Stolen Card:
800.673.1044, 24 hours

Send Billing Inquiries to:
BANK OF AMERICA
PO BOX 15184
WILMINGTON DE 19850-5184

Finance Charges Total **Annual Percentage Rate** 15.24%

	Average Daily Balance	Daily Periodic Rate	Annual Percentage Rate	Periodic Finance Charge
PURCHASES	$2,183.08	0.04176%	15.24%	$28.27
CASH	$0.00	0.06641%	24.24%	$0.00

Company Account Summary

Previous Balance		$1,782.73
Payments	-	$17.83
Credits	-	$4.99
Purchases/Other Debits/Other Fees	+	$514.54
Cash Advances	+	$0.00
Overlimit Fees	+	$0.00
Late Payment Fees	+	$0.00
Finance Charge	+	$28.27
New Balance	=	$2,302.72

Please see the reverse side for information about your account.

CUSTOMER STATEMENT OF DISPUTED ITEM (You must use a separate form for each dispute. Please print.)

If you believe a transaction on your statement is an error, complete and sign a copy of this form using blue or black ink, or write a detailed letter on a separate sheet of paper. Then return it to: **PO Box 53101, Phoenix, AZ 85072-3101** no later than 60 days after we sent you the first bill on which the transaction or error appeared. You do not have to pay any amount in question while we are investigating, but you are obligated to pay the parts of your bill that are not in question.

PLEASE DO NOT ALTER WORDING ON THIS FORM OR MAIL YOUR LETTER WITH YOUR PAYMENT. Provide copies of all documentation that will help us investigate your dispute (e.g. contracts, invoices, detailed letter, sales slips, return receipts, or second opinions).

Your Name: _____ Account Number: _____
Posting Date: _____ Transaction Date: _____ Reference Number: _____
Amount: _____ Disputed Amount: _____ Merchant Name: _____

Below tell us why you think the item noted above is in error. **Check one box only.**

☐ 1. I certify that I do not recognize the transaction. I have attempted to contact the merchant to verify this transaction.

☐ 2. I certify that the charge listed above was not made by me or a person authorized by me to use my card, nor were the goods or services represented by the transaction received by me or authorized by me.

☐ 3. Although I did engage in a transaction with this merchant, I was billed for _____ transaction(s) totaling $ _____ that I did not engage in. I have my card in my possession. If available, enclose a copy of the sales slip for the valid charge.

☐ 4. I have not received the merchandise that was to be shipped to me on ___ /___ /___ (MM/DD/YY). I have asked the merchant to credit my account.

☐ 5. Merchandise shipped to me was not as described. Please explain in detail and if applicable provide proof of return.

☐ 6. Merchandise shipped to me arrived damaged and/or defective. I returned it on ___ /___ /___ (MM/DD/YY) and asked the merchant to credit my account. Please provide proof of return and describe how the merchandise was damaged and/or defective.

☐ 7. Although I did engage in the above transaction, I dispute the entire charge or a portion in the amount of $_____. I have contacted the merchant, returned the merchandise on ___ /___ /___ (MM/DD/YY) and requested a credit adjustment. I am disputing this charge because _____
Please supply proof of return or if unable to return merchandise please explain.

☐ 8. I notified the merchant on ___ /___ /___ (MM/DD/YY) to cancel the preauthorized order or reservation. Please note cancellation # and if available, enclose a copy of your telephone bill showing date and time of cancellation. Reason for cancellation: _____

☐ 9. Although I did engage in the above transaction, I have contacted the merchant for credit. The services to be provided on __ /___ /___ (MM/DD/YY) were not received. Please describe the services to be received and explain the merchants failure to provide the services.

☐ 10. I was issued a credit slip that was not shown on my statement. **A copy of my credit slip is enclosed.** If the merchant has agreed to issue a credit, be advised the merchant has up to 30 days to supply this credit to your account.

☐ 11. The amount of the charge was increased from $_____ to $_____ or my sales slip was added incorrectly. **Enclosed is a copy of the sales slip that shows the correct amount.**

☐ 12. Other: Please explain _____

Merchants often provide telephone numbers with their names on your billing statement. If you do not recognize a transaction, attempt first to contact the merchant for transaction information.

Cardholder Signature (required): _____ **Date:** _____

Home Telephone: (_____) _____ **Business Telephone:** (_____) _____

PLEASE KEEP A COPY OF BOTH SIDE OF THIS STATEMENT FOR YOUR RECORDS

PAYMENTS

We credit a payment as of the date we receive it if the payment is: 1) received by 5:00 p.m. (Eastern Time) Monday through Friday (except legal holidays). 2) received at the payment address indicated on the front of this statement. 3) paid with a check drawn in U.S. dollars on a U.S. financial Institution or a U.S. dollar money order, and 4) sent in the return envelope with only the bottom portion of your statement accompanying it. Payments received after 5:00 p.m. (Eastern Time) Friday, but that otherwise meet the above requirements, will be processed on the next business day, which is usually the following Monday. Saturdays, Sundays, and holidays are not business days. Credit for payments received in any other manner may be delayed up to five business days, during which time finance charges, if applicable will continue to accrue. We will reject any payments that are not drawn in U.S. dollars and those drawn on a financial institution located outside of the United States. Please do not send cash, credit cards, correspondence, staples or paper clips with your payment. Mail your payment at least 7 days in advance of the payment due date to ensure timely delivery.

SERVICE FOR THE HEARING IMPAIRED: 888.500.6267

CUSTOMER CORRESPONDENCE

If you prefer to send a written inquiry regarding your account, please send the request to: **BANK OF AMERICA, PO BOX 15184, WILMINGTON, DE, 19850-5184, US.** This address should not be utilized to dispute merchant transactions appearing on your billing statement. Please see the paragraph above for instructions regarding dispute procedures.

Bank of America

Platinum Visa Business Card Company Statement

Credit Limit	$18,250	Billing Date	09-26-07
Cash Limit	$9,125	Days in Billing Cycle	31
Cash Advance Balance	$0.00	Payment Due Date	10-21-07
Available Credit	$15,947	Minimum Payment Due	$51.01
		New Balance	**$2,302.72**

CENTAUR GIRL PROD INC
11100 8 SEPULVEDA BLVD #512

Company Account Number:
4339 9300 1359 5469

COMPANY DETAIL

Posting Date	Sale Date	Category	Reference Number	Transactions	Amount
09-14	09-13		25674405350000357431302	PAYMENT RECEIVED -- THANK YOU	17.83CR
09-26	09-26			PURCHASE *FINANCE CHARGE*	28.27

CARDHOLDER ACTIVITY

KATHLEEN M GOLD
Credit Limit $18,250

4339 9300 1359 5774
TOTAL ACTIVITY $509.55

Posting Date	Sale Date	Category	Reference Number	Transactions	Amount
08-27	08-25		24445007238946299706693	WHOLEFDS PTR 10175 SWH NORTHRIDGE CA	67.97
08-27	08-24		24071057238987191796818	UNDERWOOD FAMILY FARMS MOORPARK CA	69.34
08-31	08-30		24765017243286687229600	DAVID VILLARREAL DDS 818-716-6722 CA	21.63
09-03	09-01		24493987245207199600022	INTERGRATED HEALING ARTS 8183447184 CA	34.00
09-04	09-03		24435657247606000615269	IKEA BURBANK BURBANK CA	42.11
09-05	09-03		24445007247957937762799	BARNES & NOBLE #264Q90 SANTA CLARITACA	18.35
09-06	09-03		24129427248100000622242	LIVING HERBAL PHARMACY 800-560-2873 FL	51.58
09-06	09-06		24765017249286713655186	DAZ PRODUCTIONS 800-495-1777 UT	7.95
09-10	09-06		24071057250987171045197	UNDERWOOD FAMILY FARMS MOORPARK CA	54.29
09-10	09-09		24445007253965193621964	SPORTS AUTHORITY #0633 NORTHRIDGE CA	37.88
09-11	09-09		24492797253118000100032	BOARDWALK SKATES LLC 310-4505140 CA	32.46
09-12	09-11		24301337254118000187471	ALWAYS KEEP IN TOUCH COM 702-7433461 NV	19.99
09-17	09-16		24493987260207199600030	INTERGRATED HEALING ARTS 8183447184 CA	34.00
09-17	09-16		24493987260207199600048	INTERGRATED HEALING ARTS 8183447184 CA	18.00
09-24	09-21		24351787265135317082643	GODADDY.COM 480-5058855 AZ	4.99
09-24	09-22		74351787266135492313908	GODADDY.COM 480-5058855 AZ	4.99CR

Paid
#2456
10/8/07
$51.01

Bank of America

10603600 - 066691 - 0001 - 0002 - 2347

Platinum Visa Business Card Company Statement

Credit Limit	$18,250	Billing Date	12-26-07
Cash Limit	$9,125	Days in Billing Cycle	30
Cash Advance Balance	$0.00	Payment Due Date	01-20-08
Available Credit	$18,195	Minimum Payment Due	$10.00
		New Balance	**$54.89**

CENTAUR GIRL PROD INC
11100 8 SEPULVEDA BLVD #512

Company Account Number:
4339 9300 1359 5469

Paul
#2474
$54.89
1/11/08

COMPANY SUMMARY

CENTAUR GIRL PROD IN 4339 9300 1359 5469	Previous Balance	- Payments	- Credits	+ Purchases/Other Debits/Fees	+ Cash Advances	+ Finance Charges	= New Balance
Company Total	$835.36	$835.36	$0.00	$54.89	$0.00	$0.00	$54.89

CARDHOLDER NEW ACTIVITY SUMMARY

	Credits	Purchases and Other Debits	Cash Advances	Total Activity
KATHLEEN M GOLD 4339 9300 1359 5774 Credit Limit $18,250	$0.00	$54.89	$0.00	$54.89

Customer Service
800.673.1044, 24 hours

Outside the U.S.
509.353.6656, 24 hours

For Lost or Stolen Card:
800.673.1044, 24 hours

Send Billing Inquiries to:
BANK OF AMERICA
PO BOX 15184
WILMINGTON DE 19850-5184

Finance Charges Total **Annual Percentage Rate** 0.00%

	Average Daily Balance	Daily Periodic Rate	Annual Percentage Rate	Periodic Finance Charge
PURCHASES	$0.00	0.04176%	15.24%	$0.00
CASH	$0.00	0.06641%	24.24%	$0.00

Company Account Summary

Previous Balance		$835.36
Payments	-	$835.36
Credits	-	$0.00
Purchases/Other Debits/Other Fees	+	$54.89
Cash Advances	+	$0.00
Overlimit Fees	+	$0.00
Late Payment Fees	+	$0.00
Finance Charge	+	$0.00
New Balance	=	$54.89

CUSTOMER STATEMENT OF DISPUTED ITEM (You must use a separate form for each dispute. Please print.)

If you believe a transaction on your statement is an error, complete and sign a copy of this form using blue or black ink, or write a detailed letter on a separate sheet of paper. Then return it to: **PO Box 53101, Phoenix, AZ 85072-3101** no later than 60 days after we sent you the first bill on which the transaction or error appeared. You do not have to pay any amount in question while we are investigating, but you are obligated to pay the parts of your bill that are not in question.

PLEASE DO NOT ALTER WORDING ON THIS FORM OR MAIL YOUR LETTER WITH YOUR PAYMENT. Provide copies of all documentation that will help us investigate your dispute (e.g. contracts, invoices, detailed letter, sales slips, return receipts, or second opinions).

Your Name: _____ Account Number: _____
Posting Date: _____ Transaction Date: _____ Reference Number: _____
Amount: _____ Disputed Amount: _____ Merchant Name: _____

Below tell us why you think the item noted above is in error. **Check one box only.**

☐ 1. I certify that I do not recognize the transaction. I have attempted to contact the merchant to verify this transaction.

☐ 2. I certify that the charge listed above was not made by me or a person authorized by me to use my card, nor were the goods or services represented by the transaction received by me or authorized by me.

☐ 3. Although I did engage in a transaction with this merchant, I was billed for _____ transaction(s) totaling $ _____ that I did not engage in. I have my card in my possession. If available, enclose a copy of the sales slip for the valid charge.

☐ 4. I have not received the merchandise that was to be shipped to me on ___ /___ /___ (MM/DD/YY). I have asked the merchant to credit my account.

☐ 5. Merchandise shipped to me was not as described. Please explain in detail and if applicable provide proof of return.

☐ 6. Merchandise shipped to me arrived damaged and/or defective. I returned it on ___ /___ /___ (MM/DD/YY) and asked the merchant to credit my account. Please provide proof of return and describe how the merchandise was damaged and/or defective.

☐ 7. Although I did engage in the above transaction, I dispute the entire charge or a portion in the amount of $_____. I have contacted the merchant, returned the merchandise on ___ /___ /___ (MM/DD/YY) and requested a credit adjustment. I am disputing this charge because _____
Please supply proof of return or if unable to return merchandise please explain. _____

☐ 8. I notified the merchant on ___ /___ /___ (MM/DD/YY) to cancel the preauthorized order or reservation. Please note cancellation # and if available, enclose a copy of your telephone bill showing date and time of cancellation. Reason for cancellation: _____

☐ 9. Although I did engage in the above transaction, I have contacted the merchant for credit. The services to be provided on ___ /___ /___ (MM/DD/YY) were not received. Please describe the services to be received and explain the merchants failure to provide the services.

☐ 10. I was issued a credit slip that was not shown on my statement. **A copy of my credit slip is enclosed.** If the merchant has agreed to issue a credit, be advised the merchant has up to 30 days to supply this credit to your account.

☐ 11. The amount of the charge was increased from $_____ to $_____ or my sales slip was added incorrectly. **Enclosed is a copy of the sales slip that shows the correct amount.**

☐ 12. Other: Please explain _____

Merchants often provide telephone numbers with their names on your billing statement. If you do not recognize a transaction, attempt first to contact the merchant for transaction information.

Cardholder Signature (required): _____ **Date:** _____

Home Telephone: (_____) _____ **Business Telephone:** (_____) _____

PLEASE KEEP A COPY OF BOTH SIDE OF THIS STATEMENT FOR YOUR RECORDS

PAYMENTS

We credit a payment as of the date we receive it if the payment is: 1) received by 5:00 p.m. (Eastern Time) Monday through Friday (except legal holidays). 2) received at the payment address indicated on the front of this statement. 3) paid with a check drawn in U.S. dollars on a U.S. financial Institution or a U.S. dollar money order, and 4) sent in the return envelope with only the bottom portion of your statement accompanying it. Payments received after 5:00 p.m. (Eastern Time) Friday, but that otherwise meet the above requirements, will be processed on the next business day, which is usually the following Monday. Saturdays, Sundays, and holidays are not business days. Credit for payments received in any other manner may be delayed up to five business days, during which time finance charges, if applicable will continue to accrue. We will reject any payments that are not drawn in U.S. dollars and those drawn on a financial institution located outside of the United States. Please do not send cash, credit cards, correspondence, staples or paper clips with your payment. Mail your payment at least 7 days in advance of the payment due date to ensure timely delivery.

SERVICE FOR THE HEARING IMPAIRED: 888.500.6267

CUSTOMER CORRESPONDENCE

If you prefer to send a written inquiry regarding your account, please send the request to: **BANK OF AMERICA, PO BOX 15184, WILMINGTON, DE, 19850-5184, US.** This address should not be utilized to dispute merchant transactions appearing on your billing statement. Please see the paragraph above for instructions regarding dispute procedures.

Bank of America

Platinum Visa Business Card Company Statement

Credit Limit	$18,250	Billing Date	12-26-07
Cash Limit	$9,125	Days in Billing Cycle	30
Cash Advance Balance	$0.00	Payment Due Date	01-20-08
Available Credit	$18,195	Minimum Payment Due	$10.00
		New Balance	**$54.89**

CENTAUR GIRL PROD INC
11100 8 SEPULVEDA BLVD #512

Company Account Number:
4339 9300 1359 5469

10603600 - 066691 - 0002 - 0002 - 2347

COMPANY DETAIL

Posting Date	Sale Date	Category	Reference Number	Transactions	Amount
12-17	12-16		35074405350000554022180	PAYMENT RECEIVED -- THANK YOU	835.36CR

CARDHOLDER ACTIVITY

KATHLEEN M GOLD
Credit Limit $18,250

4339 9300 1359 5774
TOTAL ACTIVITY $54.89

Posting Date	Sale Date	Category	Reference Number	Transactions		Amount
12-03	12-01		24765017335286028787208	DAZ PRODUCTIONS	800-495-1777 UT	7.95
12-20	12-19		24765017353286029559314	DAZ PRODUCTIONS	800-495-1777 UT	11.49
12-24	12-22		24492157356820669111274	CAFEPRESS.COM/HELP	877-809-1659 CA	35.45

Bank of America

Platinum Visa Business Card Company Statement

Credit Limit	$18,250	Billing Date	01-26-08
Cash Limit	$9,125	Days in Billing Cycle	31
Cash Advance Balance	$0.00	Payment Due Date	02-19-08
Available Credit	$17,924	Minimum Payment Due	$10.00
		New Balance	**$326.26**

CENTAUR GIRL PROD INC
11100 8 SEPULVEDA BLVD #512

Company Account Number:
4339 9300 1359 5469

Paid
#2503
$326.26
2/4/08

COMPANY SUMMARY

CENTAUR GIRL PROD IN 4339 9300 1359 5469	Previous Balance	- Payments	- Credits	+ Purchases/Other Debits/Fees	+ Cash Advances	+ Finance Charges	= New Balance
Company Total	$54.89	$54.89	$0.00	$326.26	$0.00	$0.00	$326.26

CARDHOLDER NEW ACTIVITY SUMMARY

	Credits	Purchases and Other Debits	Cash Advances	Total Activity
KATHLEEN M GOLD 4339 9300 1359 5774 Credit Limit $18,250	$0.00	$326.26	$0.00	$326.26

Customer Service
800.673.1044, 24 hours

Outside the U.S.
509.353.6656, 24 hours

For Lost or Stolen Card:
800.673.1044, 24 hours

Send Billing Inquiries to:
BANK OF AMERICA
PO BOX 15184
WILMINGTON DE 19850-5184

Finance Charges Total Annual Percentage Rate 0.00%

	Average Daily Balance	Daily Periodic Rate	Annual Percentage Rate	Periodic Finance Charge
PURCHASES	$0.00	0.04039%	14.74%	$0.00
CASH	$0.00	0.06505%	23.74%	$0.00

Company Account Summary

Previous Balance		$54.89
Payments	-	$54.89
Credits	-	$0.00
Purchases/Other Debits/Other Fees	+	$326.26
Cash Advances	+	$0.00
Overlimit Fees	+	$0.00
Late Payment Fees	+	$0.00
Finance Charge	+	$0.00
New Balance	=	$326.26

Please see the reverse side for information about your account.

CUSTOMER STATEMENT OF DISPUTED ITEM (You must use a separate form for each dispute. Please print.)

If you believe a transaction on your statement is an error, complete and sign a copy of this form using blue or black ink, or write a detailed letter on a separate sheet of paper. Then return it to: **PO Box 53101, Phoenix, AZ 85072-3101** no later than 60 days after we sent you the first bill on which the transaction or error appeared. You do not have to pay any amount in question while we are investigating, but you are obligated to pay the parts of your bill that are not in question.

PLEASE DO NOT ALTER WORDING ON THIS FORM OR MAIL YOUR LETTER WITH YOUR PAYMENT. Provide copies of all documentation that will help us investigate your dispute (e.g. contracts, invoices, detailed letter, sales slips, return receipts, or second opinions).

Your Name: _____ Account Number: _____
Posting Date: _____ Transaction Date: _____ Reference Number: _____
Amount: _____ Disputed Amount: _____ Merchant Name: _____

Below tell us why you think the item noted above is in error. **Check one box only.**

☐ 1. I certify that I do not recognize the transaction. I have attempted to contact the merchant to verify this transaction.

☐ 2. I certify that the charge listed above was not made by me or a person authorized by me to use my card, nor were the goods or services represented by the transaction received by me or authorized by me.

☐ 3. Although I did engage in a transaction with this merchant, I was billed for _____ transaction(s) totaling $ _____ that I did not engage in. I have my card in my possession. If available, enclose a copy of the sales slip for the valid charge.

☐ 4. I have not received the merchandise that was to be shipped to me on ___ /___ /___ (MM/DD/YY). I have asked the merchant to credit my account.

☐ 5. Merchandise shipped to me was not as described. Please explain in detail and if applicable provide proof of return.

☐ 6. Merchandise shipped to me arrived damaged and/or defective. I returned it on ___ /___ /___ (MM/DD/YY) and asked the merchant to credit my account. Please provide proof of return and describe how the merchandise was damaged and/or defective.

☐ 7. Although I did engage in the above transaction, I dispute the entire charge or a portion in the amount of $_____. I have contacted the merchant, returned the merchandise on ___ /___ /___ (MM/DD/YY) and requested a credit adjustment. I am disputing this charge because _____
Please supply proof of return or if unable to return merchandise please explain.

☐ 8. I notified the merchant on ___ /___ /___ (MM/DD/YY) to cancel the preauthorized order or reservation. Please note cancellation # and if available, enclose a copy of your telephone bill showing date and time of cancellation. Reason for cancellation: _____

☐ 9. Although I did engage in the above transaction, I have contacted the merchant for credit. The services to be provided on ___ /___ /___ (MM/DD/YY) were not received. Please describe the services to be received and explain the merchants failure to provide the services.

☐ 10. I was issued a credit slip that was not shown on my statement. **A copy of my credit slip is enclosed.** If the merchant has agreed to issue a credit, be advised the merchant has up to 30 days to supply this credit to your account.

☐ 11. The amount of the charge was increased from $_____ to $_____ or my sales slip was added incorrectly. **Enclosed is a copy of the sales slip that shows the correct amount.**

☐ 12. Other: Please explain _____

Merchants often provide telephone numbers with their names on your billing statement. If you do not recognize a transaction, attempt first to contact the merchant for transaction information.

Cardholder Signature (required): _____ **Date:** _____

Home Telephone: (_____) _____ **Business Telephone:** (_____) _____

PLEASE KEEP A COPY OF BOTH SIDE OF THIS STATEMENT FOR YOUR RECORDS

PAYMENTS

We credit a payment as of the date we receive it if the payment is: 1) received by 5:00 p.m. (Eastern Time) Monday through Friday (except legal holidays). 2) received at the payment address indicated on the front of this statement. 3) paid with a check drawn in U.S. dollars on a U.S. financial Institution or a U.S. dollar money order, and 4) sent in the return envelope with only the bottom portion of your statement accompanying it. Payments received after 5:00 p.m. (Eastern Time) Friday, but that otherwise meet the above requirements, will be processed on the next business day, which is usually the following Monday. Saturdays, Sundays, and holidays are not business days. Credit for payments received in any other manner may be delayed up to five business days, during which time finance charges, if applicable will continue to accrue. We will reject any payments that are not drawn in U.S. dollars and those drawn on a financial institution located outside of the United States. Please do not send cash, credit cards, correspondence, staples or paper clips with your payment. Mail your payment at least 7 days in advance of the payment due date to ensure timely delivery.

SERVICE FOR THE HEARING IMPAIRED: 888.500.6267

CUSTOMER CORRESPONDENCE

If you prefer to send a written inquiry regarding your account, please send the request to: **BANK OF AMERICA, PO BOX 15184, WILMINGTON, DE, 19850-5184, US.** This address should not be utilized to dispute merchant transactions appearing on your billing statement. Please see the paragraph above for instructions regarding dispute procedures.

Bank of America

Platinum Visa Business Card Company Statement

Credit Limit	$18,250	Billing Date	01-26-08
Cash Limit	$9,125	Days in Billing Cycle	31
Cash Advance Balance	$0.00	Payment Due Date	02-19-08
Available Credit	$17,924	Minimum Payment Due	$10.00
		New Balance	**$326.26**

CENTAUR GIRL PROD INC
11100 8 SEPULVEDA BLVD #512

Company Account Number:
4339 9300 1359 5469

COMPANY DETAIL

Posting Date	Sale Date	Category	Reference Number	Transactions	Amount
01-15	01-15		01574405350000545889660	PAYMENT RECEIVED -- THANK YOU	54.89CR

CARDHOLDER ACTIVITY

KATHLEEN M GOLD
Credit Limit $18,250

4339 9300 1359 5774
TOTAL ACTIVITY $326.26

Posting Date	Sale Date	Category	Reference Number	Transactions	Amount
01-02	01-01		24765018001286166481581	DAZ PRODUCTIONS 800-495-1777 UT	7.95
01-17	01-16		24492798016118000100079	CITY OF LA TAXES & PERMITVAN NUYS CA	318.31

10600260 - 080364 - 0002 - 0002 - 2347

T= 024 - 161102260 - 004084 - 0001 - 0002 - 27

WorldPoints

Bank of America WorldPoints® Rewards for Business Company Statement

Bank of America

Credit Limit	$1,000	Billing Date	01-26-09
Cash Limit	$500	Days in Billing Cycle	31
Cash Advance Balance	$0.00	Payment Due Date	02-20-09
Available Credit	$911	Minimum Payment Due	$10.00
		New Balance	**$88.98**

Business Card News
YOUR FINANCE CHARGES IN 2008 WERE $ 0.00

CENTAUR GIRL PROD INC
11100 8 SEPULVEDA BLVD #512

Company Account Number:
4339 9300 1359 5469

Paid 2/14/09 #2573 $8.98

COMPANY SUMMARY

CENTAUR GIRL PROD IN 4339 9300 1359 5469	Previous Balance	- Payments	- Credits	+ Purchases/Other Debits/Fees	+ Cash Advances	+ Finance Charges	= New Balance
Company Total	$0.00	$0.00	$0.00	$88.98	$0.00	$0.00	$88.98

BUSINESS WORLDPOINTS REWARDS SUMMARY

Beginning Balance	0	Monthly Bonus Points	11
Monthly Points Earned	89	Net Points Transferred	0
Monthly Points Redeemed	0	**Points Available**	**100**
Adjustments	0		

To redeem your points call 1.800.673.1044 or visit www.bankofamerica.com

Customer Service
800.673.1044, 24 hours
www.bankofamerica.com

Outside the U.S.
509.353.6656, 24 hours

For Lost or Stolen Card:
800.673.1044, 24 hours

Send Billing Inquiries to:
BANK OF AMERICA
PO BOX 15184
WILMINGTON DE 19850-5184

Finance Charges Total **Annual Percentage Rate** 0.00%

	Average Daily Balance	Daily Periodic Rate	Annual Percentage Rate	Periodic Finance Charge
PURCHASES	$0.00	0.03285%	11.99%	$0.00
CASH	$0.00	0.05751%	20.99%	$0.00

Company Account Summary

Previous Balance		$0.00
Payments	-	$0.00
Credits	-	$0.00
Purchases/Other Debits/Other Fees	+	$88.98
Cash Advances	+	$0.00
Overlimit Fees	+	$0.00
Late Payment Fees	+	$0.00
Finance Charge	+	$0.00
New Balance	=	$88.98

CUSTOMER STATEMENT OF DISPUTED ITEM (You must use a separate form for each dispute. Please print.)

If you believe a transaction on your statement is an error, complete and sign a copy of this form using blue or black ink, or write a detailed letter on a separate sheet of paper. Then return it to: **PO Box 53101, Phoenix, AZ 85072-3101** no later than 60 days after we sent you the first bill on which the transaction or error appeared. You do not have to pay any amount in question while we are investigating, but you are obligated to pay the parts of your bill that are not in question.

PLEASE DO NOT ALTER WORDING ON THIS FORM OR MAIL YOUR LETTER WITH YOUR PAYMENT. Provide copies of all documentation that will help us investigate your dispute (e.g. contracts, invoices, detailed letter, sales slips, return receipts, or second opinions).

Your Name: _____ Account Number: _____
Posting Date: _____ Transaction Date: _____ Reference Number: _____
Amount: _____ Disputed Amount: _____ Merchant Name: _____

Below tell us why you think the item noted above is in error. **Check one box only.**

☐ 1. I certify that I do not recognize the transaction. I have attempted to contact the merchant to verify this transaction.

☐ 2. I certify that the charge listed above was not made by me or a person authorized by me to use my card, nor were the goods or services represented by the transaction received by me or authorized by me.

☐ 3. Although I did engage in a transaction with this merchant, I was billed for _____ transaction(s) totaling $ _____ that I did not engage in. I have my card in my possession. If available, enclose a copy of the sales slip for the valid charge.

☐ 4. I have not received the merchandise that was to be shipped to me on ___ /___ /___ (MM/DD/YY). I have asked the merchant to credit my account.

☐ 5. Merchandise shipped to me was not as described. Please explain in detail and if applicable provide proof of return.

☐ 6. Merchandise shipped to me arrived damaged and/or defective. I returned it on ___ /___ /___ (MM/DD/YY) and asked the merchant to credit my account. Please provide proof of return and describe how the merchandise was damaged and/or defective.

☐ 7. Although I did engage in the above transaction, I dispute the entire charge or a portion in the amount of $_____. I have contacted the merchant, returned the merchandise on ___ /___ /___ (MM/DD/YY) and requested a credit adjustment. I am disputing this charge because _____
Please supply proof of return or if unable to return merchandise please explain. _____

☐ 8. I notified the merchant on ___ /___ /___ (MM/DD/YY) to cancel the preauthorized order or reservation. Please note cancellation # and if available, enclose a copy of your telephone bill showing date and time of cancellation. Reason for cancellation: _____

☐ 9. Although I did engage in the above transaction, I have contacted the merchant for credit. The services to be provided on ___ /___ /___ (MM/DD/YY) were not received. Please describe the services to be received and explain the merchants failure to provide the services.

☐ 10. I was issued a credit slip that was not shown on my statement. **A copy of my credit slip is enclosed.** If the merchant has agreed to issue a credit, be advised the merchant has up to 30 days to supply this credit to your account.

☐ 11. The amount of the charge was increased from $_____ to $_____ or my sales slip was added incorrectly. **Enclosed is a copy of the sales slip that shows the correct amount.**

☐ 12. Other: Please explain _____

Merchants often provide telephone numbers with their names on your billing statement. If you do not recognize a transaction, attempt first to contact the merchant for transaction information.

Cardholder Signature (required): _____ **Date:** _____

Home Telephone: (_____) _____ **Business Telephone:** (_____) _____

PLEASE KEEP A COPY OF BOTH SIDE OF THIS STATEMENT FOR YOUR RECORDS

PAYMENTS

We credit a payment as of the date we receive it if the payment is: 1) received by 5:00 p.m. (Eastern Time) Monday through Friday (except legal holidays). 2) received at the payment address indicated on the front of this statement. 3) paid with a check drawn in U.S. dollars on a U.S. financial Institution or a U.S. dollar money order, and 4) sent in the return envelope with only the bottom portion of your statement accompanying it. Payments received after 5:00 p.m. (Eastern Time) Friday, but that otherwise meet the above requirements, will be processed on the next business day, which is usually the following Monday. Saturdays, Sundays, and holidays are not business days. Credit for payments received in any other manner may be delayed up to five business days, during which time finance charges, if applicable will continue to accrue. We will reject any payments that are not drawn in U.S. dollars and those drawn on a financial institution located outside of the United States. Please do not send cash, credit cards, correspondence, staples or paper clips with your payment. Mail your payment at least 7 days in advance of the payment due date to ensure timely delivery.

SERVICE FOR THE HEARING IMPAIRED: 888.500.6267

CUSTOMER CORRESPONDENCE

If you prefer to send a written inquiry regarding your account, please send the request to: **BANK OF AMERICA, PO BOX 15184, WILMINGTON, DE, 19850-5184, US.** This address should not be utilized to dispute merchant transactions appearing on your billing statement. Please see the paragraph above for instructions regarding dispute procedures.

T = 024 - 161102260 - 004064 - 0002 - 0002 - 27

WorldPoints

Bank of America WorldPoints® Rewards for Business Company Statement

Bank of America

Credit Limit	$1,000	Billing Date	01-26-09
Cash Limit	$500	Days in Billing Cycle	31
Cash Advance Balance	$0.00	Payment Due Date	02-20-09
Available Credit	$911	Minimum Payment Due	$10.00
		New Balance	**$88.98**

CENTAUR GIRL PROD INC
11100 8 SEPULVEDA BLVD #512

Company Account Number:
4339 9300 1359 5469

CARDHOLDER NEW ACTIVITY SUMMARY

	Credits	Purchases and Other Debits	Cash Advances	Total Activity
KATHLEEN M GOLD 4339 9300 1359 5774 Credit Limit $1,000	$0.00	$88.98	$0.00	$88.98

COMPANY DETAIL

Posting Date	Sale Date	Category	Reference Number	Transactions	Amount

CARDHOLDER ACTIVITY

KATHLEEN M GOLD
Credit Limit $1,000

4339 9300 1359 5774
TOTAL ACTIVITY $88.98

Posting Date	Sale Date	Category	Reference Number	Transactions	Amount
01-12	01-10		24445009011607196544558	WHOLEFDS ARR 10237 PASADENA CA	78.65
01-12	01-10		24445009011607196544483	WHOLEFDS ARR 10237 PASADENA CA	5.01
01-12	01-09		24164059010837000807090	EXXONMOBIL 19176999 VAN NUYS CA	5.32

T= 023 - 16110570 - 003816 - 0001 - 0002 7

WorldPoints

Bank of America WorldPoints® Rewards for Business Company Statement

Bank of America

Credit Limit	$1,000	Billing Date	02-26-09
Cash Limit	$500	Days in Billing Cycle	31
Cash Advance Balance	$0.00	Payment Due Date	03-23-09
Available Credit	$0	Minimum Payment Due	$78.85
		New Balance	**$1,068.17**

Business Card News
YOUR FINANCE CHARGES IN 2008 WERE $ 0.00

CENTAUR GIRL PROD INC
11100 8 SEPULVEDA BLVD #512

Company Account Number:
4339 9300 1359 5469

COMPANY SUMMARY

CENTAUR GIRL PROD IN 4339 9300 1359 5469	Previous Balance	- Payments	- Credits	+ Purchases/Other Debits/Fees	+ Cash Advances	+ Finance Charges	= New Balance
Company Total	$88.98	$88.98	$0.00	$1,068.17	$0.00	$0.00	$1,068.17

YOUR ACCOUNT IS OVERLIMIT. TO AVOID AN OVERLIMIT FEE ON YOUR NEXT STATEMENT, WE MUST RECEIVE A PAYMENT, THAT BRINGS AND KEEPS YOUR ACCOUNT BALANCE BELOW THE CREDIT LINE, WITHIN 20 DAYS OF THE ABOVE STATEMENT CLOSING DATE, AND NOT GO OVERLIMIT AGAIN.

Paid
#78.85
3/23/09
#25855

Customer Service
800.673.1044, 24 hours
www.bankofamerica.com

Outside the U.S.
509.353.6656, 24 hours

For Lost or Stolen Card:
800.673.1044, 24 hours

Send Billing Inquiries to:
BANK OF AMERICA
PO BOX 15184
WILMINGTON DE 19850-5184

Finance Charges Total **Annual Percentage Rate** 0.00%

	Average Daily Balance	Daily Periodic Rate	Annual Percentage Rate	Periodic Finance Charge
PURCHASES	$0.00	0.03011%	10.99%	$0.00
CASH	$0.00	0.05477%	19.99%	$0.00

Company Account Summary

Previous Balance		$88.98
Payments	-	$88.98
Credits	-	$0.00
Purchases/Other Debits/Other Fees	+	$1,029.17
Cash Advances	+	$0.00
Overlimit Fees	+	$39.00
Late Payment Fees	+	$0.00
Finance Charge	+	$0.00
New Balance	=	$1,068.17

Please see the reverse side for information about your account.

CUSTOMER STATEMENT OF DISPUTED ITEM (You must use a separate form for each dispute. Please print.)

If you believe a transaction on your statement is an error, complete and sign a copy of this form using blue or black ink, or write a detailed letter on a separate sheet of paper. Then return it to: **PO Box 53101, Phoenix, AZ 85072-3101** no later than 60 days after we sent you the first bill on which the transaction or error appeared. You do not have to pay any amount in question while we are investigating, but you are obligated to pay the parts of your bill that are not in question.

PLEASE DO NOT ALTER WORDING ON THIS FORM OR MAIL YOUR LETTER WITH YOUR PAYMENT. Provide copies of all documentation that will help us investigate your dispute (e.g. contracts, invoices, detailed letter, sales slips, return receipts, or second opinions).

Your Name: _____ Account Number: _____
Posting Date: _____ Transaction Date: _____ Reference Number: _____
Amount: _____ Disputed Amount: _____ Merchant Name: _____

Below tell us why you think the item noted above is in error. **Check one box only.**

☐ 1. I certify that I do not recognize the transaction. I have attempted to contact the merchant to verify this transaction.

☐ 2. I certify that the charge listed above was not made by me or a person authorized by me to use my card, nor were the goods or services represented by the transaction received by me or authorized by me.

☐ 3. Although I did engage in a transaction with this merchant, I was billed for _____ transaction(s) totaling $ _____ that I did not engage in. I have my card in my possession. If available, enclose a copy of the sales slip for the valid charge.

☐ 4. I have not received the merchandise that was to be shipped to me on ___ /___ /___ (MM/DD/YY). I have asked the merchant to credit my account.

☐ 5. Merchandise shipped to me was not as described. Please explain in detail and if applicable provide proof of return.

☐ 6. Merchandise shipped to me arrived damaged and/or defective. I returned it on ___ /___ /___ (MM/DD/YY) and asked the merchant to credit my account. Please provide proof of return and describe how the merchandise was damaged and/or defective.

☐ 7. Although I did engage in the above transaction, I dispute the entire charge or a portion in the amount of $_____. I have contacted the merchant, returned the merchandise on ___ /___ /___ (MM/DD/YY) and requested a credit adjustment. I am disputing this charge because _____
Please supply proof of return or if unable to return merchandise please explain. _____

☐ 8. I notified the merchant on ___ /___ /___ (MM/DD/YY) to cancel the preauthorized order or reservation. Please note cancellation # and if available, enclose a copy of your telephone bill showing date and time of cancellation. Reason for cancellation: _____

☐ 9. Although I did engage in the above transaction, I have contacted the merchant for credit. The services to be provided on ___ /___ /___ (MM/DD/YY) were not received. Please describe the services to be received and explain the merchants failure to provide the services.

☐ 10. I was issued a credit slip that was not shown on my statement. **A copy of my credit slip is enclosed.** If the merchant has agreed to issue a credit, be advised the merchant has up to 30 days to supply this credit to your account.

☐ 11. The amount of the charge was increased from $_____ to $_____ or my sales slip was added incorrectly. **Enclosed is a copy of the sales slip that shows the correct amount.**

☐ 12. Other: Please explain _____

Merchants often provide telephone numbers with their names on your billing statement. If you do not recognize a transaction, attempt first to contact the merchant for transaction information.

Cardholder Signature (required): _____ **Date:** _____

Home Telephone: (_____) _____ **Business Telephone:** (_____) _____

PLEASE KEEP A COPY OF BOTH SIDE OF THIS STATEMENT FOR YOUR RECORDS

PAYMENTS

We credit a payment as of the date we receive it if the payment is: 1) received by 5:00 p.m. (Eastern Time) Monday through Friday (except legal holidays). 2) received at the payment address indicated on the front of this statement. 3) paid with a check drawn in U.S. dollars on a U.S. financial Institution or a U.S. dollar money order, and 4) sent in the return envelope with only the bottom portion of your statement accompanying it. Payments received after 5:00 p.m. (Eastern Time) Friday, but that otherwise meet the above requirements, will be processed on the next business day, which is usually the following Monday. Saturdays, Sundays, and holidays are not business days. Credit for payments received in any other manner may be delayed up to five business days, during which time finance charges, if applicable will continue to accrue. We will reject any payments that are not drawn in U.S. dollars and those drawn on a financial institution located outside of the United States. Please do not send cash, credit cards, correspondence, staples or paper clips with your payment. Mail your payment at least 7 days in advance of the payment due date to ensure timely delivery.

SERVICE FOR THE HEARING IMPAIRED: 888.500.6267

CUSTOMER CORRESPONDENCE

If you prefer to send a written inquiry regarding your account, please send the request to: **BANK OF AMERICA, PO BOX 15184, WILMINGTON, DE, 19850-5184, US.** This address should not be utilized to dispute merchant transactions appearing on your billing statement. Please see the paragraph above for instructions regarding dispute procedures.

T = 023 - 16110570 - 003816 - 0002 - 0002 - 7

WorldPoints

Bank of America

Bank of America WorldPoints® Rewards for Business Company Statement

Credit Limit	$1,000	Billing Date	02-26-09
Cash Limit	$500	Days in Billing Cycle	31
Cash Advance Balance	$0.00	Payment Due Date	03-23-09
Available Credit	$0	Minimum Payment Due	$78.85
		New Balance	**$1,068.17**

CENTAUR GIRL PROD INC
11100 8 SEPULVEDA BLVD #512

Company Account Number:
4339 9300 1359 5469

BUSINESS WORLDPOINTS REWARDS SUMMARY

Beginning Balance	100	Monthly Bonus Points	349
Monthly Points Earned	1,029	Net Points Transferred	0
Monthly Points Redeemed	0	**Points Available**	**1,478**
Adjustments	0		

To redeem your points call 1.800.673.1044 or visit www.bankofamerica.com

CARDHOLDER NEW ACTIVITY SUMMARY

	Credits	Purchases and Other Debits	Cash Advances	Total Activity
KATHLEEN M GOLD 4339 9300 1359 5774 Credit Limit $1,000	$0.00	$1,029.17	$0.00	$1,029.17

COMPANY DETAIL

Posting Date	Sale Date	Category	Reference Number	Transactions	Amount
02-20	02-20		05174405350000500747379	PAYMENT RECEIVED -- THANK YOU	88.98CR
02-23	02-23			OVERLIMIT FEE	39.00

CARDHOLDER ACTIVITY

KATHLEEN M GOLD
Credit Limit $1,000

4339 9300 1359 5774
TOTAL ACTIVITY $1,029.17

Posting Date	Sale Date	Category	Reference Number	Transactions	Amount
02-09	02-08		24301379039118000100031	BRONCO GRILL INC 818-7807135 CA	15.00
02-10	02-09		24445009041642470379938	WHOLEFDS PTR 10175 NORTHRIDGE CA	6.64
02-10	02-09		24445009041642470379854	WHOLEFDS WDH 10099 WOODLAND HILLCA	83.87
02-10	02-09		24492799040118000100556	NORTHRIDGE TOYOTA- SV NORTHRIDGE CA	494.62
02-11	02-09		24493989041000114013104	TRADER JOE'S #209 WOODLAND HILLCA	36.80
02-13	02-11		24316059043548213009329	SHELL OIL 20471990612 SHERMAN OAKS CA	26.36
02-16	02-12		24316059044548285000536	SHELL OIL 27442167709 CANOGA PARK CA	6.05
02-16	02-13		24445009045647464110955	WHOLEFDS WDH 10099 WOODLAND HILLCA	23.82
02-16	02-14		24492159045206199000232	CARL'S JR #7400 Q99 CANOGA PARK CA	3.89
02-16	02-13		24445719045648467105863	RALPHS #0702 SHERMAN OAKS CA	23.87
02-16	02-14		24445009046648921636649	WHOLEFDS PTR 10175 NORTHRIDGE CA	9.05
02-16	02-15		24224439047020008818448	MELODY'S MEXICAN K RESEDA CA	6.17
02-16	02-14		24164079046105182976570	STAPLES 00113100 VAN NUYS CA	21.63
02-17	02-16		24445009048651390341137	WHOLEFDS SHO 10020 SHERMAN OAKS CA	24.45
02-18	02-17		24301379048118000100063	BRONCO GRILL INC 818-7807135 CA	15.00
02-18	02-16		24164059048837000673977	EXXONMOBIL 19176999 VAN NUYS CA	5.32
02-18	02-16		24164059048378000674046	EXXONMOBIL 19176999 VAN NUYS CA	28.30
02-19	02-17		24164079049105132596244	STAPLES 00113100 VAN NUYS CA	3.56
02-19	02-17		24071059049987151293512	WEST VALLEY MINI STORA CHATSWORTH CA	80.50
02-20	02-18		24493989050000112714636	TRADER JOE'S # 049 SHERMAN OAKS CA	32.99
02-20	02-18		24164079050105156823264	STAPLES 00113100 VAN NUYS CA	15.13
02-23	02-21		24316059053548218009925	SHELL OIL 20471990612 SHERMAN OAKS CA	28.21
02-23	02-22		24445009054658695064620	WHOLEFDS PTR 10175 NORTHRIDGE CA	26.98
02-24	02-22		24493989054000112212942	TRADER JOE'S # 044 GRANADA HILLSCA	10.96

T = 021 - 16110850 - 003440 - 0001 - 0002 27

WorldPoints

Bank of America

Bank of America WorldPoints® Rewards for Business Company Statement

Credit Limit	$1,000	Billing Date	03-26-09
Cash Limit	$500	Days in Billing Cycle	28
Cash Advance Balance	$0.00	Payment Due Date	04-20-09
Available Credit	$0	Minimum Payment Due	$215.03
		New Balance	**$1,155.37**

CENTAUR GIRL PROD INC
11100 8 SEPULVEDA BLVD #512

Company Account Number:
4339 9300 1359 5469

COMPANY SUMMARY

CENTAUR GIRL PROD IN 4339 9300 1359 5469	Previous Balance	- Payments	- Credits	+ Purchases/Other Debits/Fees	+ Cash Advances	+ Finance Charges	= New Balance
Company Total	$1,068.17	$0.00	$0.00	$78.00	$0.00	$9.20	$1,155.37

HAVE YOU FORGOTTEN? YOUR ACCOUNT IS PAST DUE. IF PAYMENT HAS ALREADY BEEN MADE, THANK YOU AND PLEASE DISREGARD THIS REMINDER. PLEASE CALL (800)673.1044.

Paid
#2477
$215.02
4/21/09

Customer Service
800.673.1044, 24 hours
www.bankofamerica.com

Outside the U.S.
509.353.6656, 24 hours

For Lost or Stolen Card:
800.673.1044, 24 hours

Send Billing Inquiries to:
BANK OF AMERICA
PO BOX 15184
WILMINGTON DE 19850-5184

Finance Charges Total **Annual Percentage Rate** 10.99%

	Average Daily Balance	Daily Periodic Rate	Annual Percentage Rate	Periodic Finance Charge
PURCHASES	$1,090.65	0.03011%	10.99%	$9.20
CASH	$0.00	0.05477%	19.99%	$0.00

Company Account Summary

Previous Balance		$1,068.17
Payments	-	$0.00
Credits	-	$0.00
Purchases/Other Debits/Other Fees	+	$0.00
Cash Advances	+	$0.00
Overlimit Fees	+	$39.00
Late Payment Fees	+	$39.00
Finance Charge	+	$9.20
New Balance	=	$1,155.37

Please see the reverse side for information about your account.

CUSTOMER STATEMENT OF DISPUTED ITEM (You must use a separate form for each dispute. Please print.)

If you believe a transaction on your statement is an error, complete and sign a copy of this form using blue or black ink, or write a detailed letter on a separate sheet of paper. Then return it to: **PO Box 53101, Phoenix, AZ 85072-3101** no later than 60 days after we sent you the first bill on which the transaction or error appeared. You do not have to pay any amount in question while we are investigating, but you are obligated to pay the parts of your bill that are not in question.

PLEASE DO NOT ALTER WORDING ON THIS FORM OR MAIL YOUR LETTER WITH YOUR PAYMENT. Provide copies of all documentation that will help us investigate your dispute (e.g. contracts, invoices, detailed letter, sales slips, return receipts, or second opinions).

Your Name: _____ Account Number: _____
Posting Date: _____ Transaction Date: _____ Reference Number: _____
Amount: _____ Disputed Amount: _____ Merchant Name: _____

Below tell us why you think the item noted above is in error. **Check one box only.**

☐ 1. I certify that I do not recognize the transaction. I have attempted to contact the merchant to verify this transaction.

☐ 2. I certify that the charge listed above was not made by me or a person authorized by me to use my card, nor were the goods or services represented by the transaction received by me or authorized by me.

☐ 3. Although I did engage in a transaction with this merchant, I was billed for _____ transaction(s) totaling $ _____ that I did not engage in. I have my card in my possession. If available, enclose a copy of the sales slip for the valid charge.

☐ 4. I have not received the merchandise that was to be shipped to me on ___ /___ /___ (MM/DD/YY). I have asked the merchant to credit my account.

☐ 5. Merchandise shipped to me was not as described. Please explain in detail and if applicable provide proof of return.

☐ 6. Merchandise shipped to me arrived damaged and/or defective. I returned it on ___ /___ /___ (MM/DD/YY) and asked the merchant to credit my account. Please provide proof of return and describe how the merchandise was damaged and/or defective.

☐ 7. Although I did engage in the above transaction, I dispute the entire charge or a portion in the amount of $_____. I have contacted the merchant, returned the merchandise on ___ /___ /___ (MM/DD/YY) and requested a credit adjustment. I am disputing this charge because _____
Please supply proof of return or if unable to return merchandise please explain. _____

☐ 8. I notified the merchant on ___ /___ /___ (MM/DD/YY) to cancel the preauthorized order or reservation. Please note cancellation # and if available, enclose a copy of your telephone bill showing date and time of cancellation. Reason for cancellation: _____

☐ 9. Although I did engage in the above transaction, I have contacted the merchant for credit. The services to be provided on ___ /___ /___ (MM/DD/YY) were not received. Please describe the services to be received and explain the merchants failure to provide the services.

☐ 10. I was issued a credit slip that was not shown on my statement. **A copy of my credit slip is enclosed.** If the merchant has agreed to issue a credit, be advised the merchant has up to 30 days to supply this credit to your account.

☐ 11. The amount of the charge was increased from $_____ to $_____ or my sales slip was added incorrectly. **Enclosed is a copy of the sales slip that shows the correct amount.**

☐ 12. Other: Please explain _____

Merchants often provide telephone numbers with their names on your billing statement. If you do not recognize a transaction, attempt first to contact the merchant for transaction information.

Cardholder Signature (required): _____ **Date:** _____

Home Telephone: (_____) _____ **Business Telephone:** (_____) _____

PLEASE KEEP A COPY OF BOTH SIDE OF THIS STATEMENT FOR YOUR RECORDS

PAYMENTS

We credit a payment as of the date we receive it if the payment is: 1) received by 5:00 p.m. (Eastern Time) Monday through Friday (except legal holidays). 2) received at the payment address indicated on the front of this statement. 3) paid with a check drawn in U.S. dollars on a U.S. financial Institution or a U.S. dollar money order, and 4) sent in the return envelope with only the bottom portion of your statement accompanying it. Payments received after 5:00 p.m. (Eastern Time) Friday, but that otherwise meet the above requirements, will be processed on the next business day, which is usually the following Monday. Saturdays, Sundays, and holidays are not business days. Credit for payments received in any other manner may be delayed up to five business days, during which time finance charges, if applicable will continue to accrue. We will reject any payments that are not drawn in U.S. dollars and those drawn on a financial institution located outside of the United States. Please do not send cash, credit cards, correspondence, staples or paper clips with your payment. Mail your payment at least 7 days in advance of the payment due date to ensure timely delivery.

SERVICE FOR THE HEARING IMPAIRED: 888.500.6267

CUSTOMER CORRESPONDENCE

If you prefer to send a written inquiry regarding your account, please send the request to: **BANK OF AMERICA, PO BOX 15184, WILMINGTON, DE, 19850-5184, US.** This address should not be utilized to dispute merchant transactions appearing on your billing statement. Please see the paragraph above for instructions regarding dispute procedures.

T = 021 - 16110850 - 003440 - 0002 - 0002 - 37

WorldPoints

Bank of America WorldPoints® Rewards for Business Company Statement

Bank of America

Credit Limit	$1,000	Billing Date	03-26-09
Cash Limit	$500	Days in Billing Cycle	28
Cash Advance Balance	$0.00	Payment Due Date	04-20-09
Available Credit	$0	Minimum Payment Due	$215.03
		New Balance	**$1,155.37**

CENTAUR GIRL PROD INC
11100 8 SEPULVEDA BLVD #512

Company Account Number:
4339 9300 1359 5469

BUSINESS WORLDPOINTS REWARDS SUMMARY

Beginning Balance	1,478	Monthly Bonus Points	0
Monthly Points Earned	0	Net Points Transferred	0
Monthly Points Redeemed	0	**Points Available**	**1,478**
Adjustments	0		

To redeem your points call 1.800.673.1044 or visit www.bankofamerica.com

COMPANY DETAIL

Posting Date	Sale Date	Category	Reference Number	Transactions	Amount
03-18	03-18			OVERLIMIT FEE	39.00
03-23	03-23			LATE PAYMENT FEE	39.00
03-26	03-26			PURCHASE *FINANCE CHARGE*	9.20

T = 020 - 161114460 - 003148 - 0001 - 0002 - 37

WorldPoints

Bank of America WorldPoints® Rewards for Business Company Statement

Bank of America

Credit Limit	$1,000	Billing Date	05-26-09
Cash Limit	$200	Days in Billing Cycle	30
Cash Advance Balance	$0.00	Payment Due Date	06-20-09
Available Credit	$54	Minimum Payment Due	$63.46
		New Balance	**$945.57**

CENTAUR GIRL PROD INC
11100 8 SEPULVEDA BLVD #512

Company Account Number:
4339 9300 1359 5469

COMPANY SUMMARY

CENTAUR GIRL PROD IN 4339 9300 1359 5469	Previous Balance	- Payments	- Credits	+ Purchases/Other Debits/Fees	+ Cash Advances	+ Finance Charges	= New Balance
Company Total	$908.84	$0.00	$0.00	$29.00	$0.00	$7.73	$945.57

HAVE YOU FORGOTTEN? YOUR ACCOUNT IS PAST DUE. IF PAYMENT HAS ALREADY BEEN MADE, THANK YOU AND PLEASE DISREGARD THIS REMINDER. PLEASE CALL (800)673.1044.

Customer Service
800.673.1044, 24 hours
www.bankofamerica.com

Outside the U.S.
509.353.6656, 24 hours

For Lost or Stolen Card:
800.673.1044, 24 hours

Send Billing Inquiries to:
BANK OF AMERICA
PO BOX 15184
WILMINGTON DE 19850-5184

Finance Charges Total **Annual Percentage Rate** 10.24%

	Average Daily Balance	Daily Periodic Rate	Annual Percentage Rate	Periodic Finance Charge
PURCHASES	$918.34	0.02806%	10.24%	$7.73
CASH	$0.00	0.05477%	19.99%	$0.00

Company Account Summary

Previous Balance		$908.84
Payments	-	$0.00
Credits	-	$0.00
Purchases/Other Debits/Other Fees	+	$0.00
Cash Advances	+	$0.00
Overlimit Fees	+	$0.00
Late Payment Fees	+	$29.00
Finance Charge	+	$7.73
New Balance	=	$945.57

CUSTOMER STATEMENT OF DISPUTED ITEM (You must use a separate form for each dispute. Please print.)

If you believe a transaction on your statement is an error, complete and sign a copy of this form using blue or black ink, or write a detailed letter on a separate sheet of paper. Then return it to: **PO Box 53101, Phoenix, AZ 85072-3101** no later than 60 days after we sent you the first bill on which the transaction or error appeared. You do not have to pay any amount in question while we are investigating, but you are obligated to pay the parts of your bill that are not in question.

PLEASE DO NOT ALTER WORDING ON THIS FORM OR MAIL YOUR LETTER WITH YOUR PAYMENT. Provide copies of all documentation that will help us investigate your dispute (e.g. contracts, invoices, detailed letter, sales slips, return receipts, or second opinions).

Your Name: _____ Account Number: _____
Posting Date: _____ Transaction Date: _____ Reference Number: _____
Amount: _____ Disputed Amount: _____ Merchant Name: _____

Below tell us why you think the item noted above is in error. **Check one box only.**

☐ 1. I certify that I do not recognize the transaction. I have attempted to contact the merchant to verify this transaction.

☐ 2. I certify that the charge listed above was not made by me or a person authorized by me to use my card, nor were the goods or services represented by the transaction received by me or authorized by me.

☐ 3. Although I did engage in a transaction with this merchant, I was billed for _____ transaction(s) totaling $ _____ that I did not engage in. I have my card in my possession. If available, enclose a copy of the sales slip for the valid charge.

☐ 4. I have not received the merchandise that was to be shipped to me on ___/___/___ (MM/DD/YY). I have asked the merchant to credit my account.

☐ 5. Merchandise shipped to me was not as described. Please explain in detail and if applicable provide proof of return.

☐ 6. Merchandise shipped to me arrived damaged and/or defective. I returned it on ___/___/___ (MM/DD/YY) and asked the merchant to credit my account. Please provide proof of return and describe how the merchandise was damaged and/or defective.

☐ 7. Although I did engage in the above transaction, I dispute the entire charge or a portion in the amount of $_____. I have contacted the merchant, returned the merchandise on ___/___/___ (MM/DD/YY) and requested a credit adjustment. I am disputing this charge because _____
Please supply proof of return or if unable to return merchandise please explain.

☐ 8. I notified the merchant on ___/___/___ (MM/DD/YY) to cancel the preauthorized order or reservation. Please note cancellation # and if available, enclose a copy of your telephone bill showing date and time of cancellation. Reason for cancellation: _____

☐ 9. Although I did engage in the above transaction, I have contacted the merchant for credit. The services to be provided on ___/___/___ (MM/DD/YY) were not received. Please describe the services to be received and explain the merchants failure to provide the services.

☐ 10. I was issued a credit slip that was not shown on my statement. **A copy of my credit slip is enclosed.** If the merchant has agreed to issue a credit, be advised the merchant has up to 30 days to supply this credit to your account.

☐ 11. The amount of the charge was increased from $_____ to $_____ or my sales slip was added incorrectly. **Enclosed is a copy of the sales slip that shows the correct amount.**

☐ 12. Other: Please explain _____

Merchants often provide telephone numbers with their names on your billing statement. If you do not recognize a transaction, attempt first to contact the merchant for transaction information.

Cardholder Signature (required): _____ **Date:** _____

Home Telephone: (_____) _____ **Business Telephone:** (_____) _____

PLEASE KEEP A COPY OF BOTH SIDE OF THIS STATEMENT FOR YOUR RECORDS

PAYMENTS

We credit a payment as of the date we receive it if the payment is: 1) received by 5:00 p.m. (Eastern Time) Monday through Friday (except legal holidays). 2) received at the payment address indicated on the front of this statement. 3) paid with a check drawn in U.S. dollars on a U.S. financial Institution or a U.S. dollar money order, and 4) sent in the return envelope with only the bottom portion of your statement accompanying it. Payments received after 5:00 p.m. (Eastern Time) Friday, but that otherwise meet the above requirements, will be processed on the next business day, which is usually the following Monday. Saturdays, Sundays, and holidays are not business days. Credit for payments received in any other manner may be delayed up to five business days, during which time finance charges, if applicable will continue to accrue. We will reject any payments that are not drawn in U.S. dollars and those drawn on a financial institution located outside of the United States. Please do not send cash, credit cards, correspondence, staples or paper clips with your payment. Mail your payment at least 7 days in advance of the payment due date to ensure timely delivery.

SERVICE FOR THE HEARING IMPAIRED: 888.500.6267

CUSTOMER CORRESPONDENCE

If you prefer to send a written inquiry regarding your account, please send the request to: **BANK OF AMERICA, PO BOX 15184, WILMINGTON, DE, 19850-5184, US.** This address should not be utilized to dispute merchant transactions appearing on your billing statement. Please see the paragraph above for instructions regarding dispute procedures.

T = 020 - 16111480 - 003148 - 0002 - 0002 - 37

WorldPoints

Bank of America WorldPoints® Rewards for Business Company Statement

Bank of America

Credit Limit	$1,000	Billing Date	05-26-09
Cash Limit	$200	Days in Billing Cycle	30
Cash Advance Balance	$0.00	Payment Due Date	06-20-09
Available Credit	$54	Minimum Payment Due	$63.46
		New Balance	**$945.57**

CENTAUR GIRL PROD INC
11100 8 SEPULVEDA BLVD #512

Company Account Number:
4339 9300 1359 5469

BUSINESS WORLDPOINTS REWARDS SUMMARY

Beginning Balance	1,478	Monthly Bonus Points	0
Monthly Points Earned	0	Net Points Transferred	0
Monthly Points Redeemed	0	**Points Available**	**1,478**
Adjustments	0		

To redeem your points call 1.800.673.1044 or visit www.bankofamerica.com

COMPANY DETAIL

Posting Date	Sale Date	Category	Reference Number	Transactions	Amount
05-21	05-21			LATE PAYMENT FEE	29.00
05-26	05-26			PURCHASE *FINANCE CHARGE*	7.73

Paid
$63.46
#2489
6/12

T= 020 - 16111770 - 003318 - 0001 - 0002 - 7

WorldPoints

Bank of America WorldPoints® Rewards for Business Company Statement

Bank of America

Credit Limit	$1,000	Billing Date	06-26-09
Cash Limit	$200	Days in Billing Cycle	31
Cash Advance Balance	$0.00	Payment Due Date	07-21-09
Available Credit	$110	Minimum Payment Due	$16.85
		New Balance	**$890.14**

CENTAUR GIRL PROD INC
11100 8 SEPULVEDA BLVD #512

Company Account Number:
4339 9300 1359 5469

Paid
#2500
7/20/09
16 85

COMPANY SUMMARY

CENTAUR GIRL PROD IN 4339 9300 1359 5469	Previous Balance	- Payments	- Credits	+ Purchases/Other Debits/Fees	+ Cash Advances	+ Finance Charges	= New Balance
Company Total	$945.57	$63.46	$0.00	$0.00	$0.00	$8.03	$890.14

BUSINESS WORLDPOINTS REWARDS SUMMARY

Beginning Balance	1,478	Monthly Bonus Points	0
Monthly Points Earned	0	Net Points Transferred	0
Monthly Points Redeemed	0	**Points Available**	**1,478**
Adjustments	0		

To redeem your points call 1.800.673.1044 or visit www.bankofamerica.com

Customer Service
800.673.1044, 24 hours
www.bankofamerica.com

Outside the U.S.
509.353.6656, 24 hours

For Lost or Stolen Card:
800.673.1044, 24 hours

Send Billing Inquiries to:
BANK OF AMERICA
PO BOX 15184
WILMINGTON DE 19850-5184

Finance Charges Total **Annual Percentage Rate** 10.24%

	Average Daily Balance	Daily Periodic Rate	Annual Percentage Rate	Periodic Finance Charge
PURCHASES	$922.90	0.02806%	10.24%	$8.03
CASH	$0.00	0.05477%	19.99%	$0.00

Company Account Summary

Previous Balance		$945.57
Payments	-	$63.46
Credits	-	$0.00
Purchases/Other Debits/Other Fees	+	$0.00
Cash Advances	+	$0.00
Overlimit Fees	+	$0.00
Late Payment Fees	+	$0.00
Finance Charge	+	$8.03
New Balance	=	$890.14

Please see the reverse side for information about your account.

CUSTOMER STATEMENT OF DISPUTED ITEM (You must use a separate form for each dispute. Please print.)

If you believe a transaction on your statement is an error, complete and sign a copy of this form using blue or black ink, or write a detailed letter on a separate sheet of paper. Then return it to: **PO Box 53101, Phoenix, AZ 85072-3101** no later than 60 days after we sent you the first bill on which the transaction or error appeared. You do not have to pay any amount in question while we are investigating, but you are obligated to pay the parts of your bill that are not in question.

PLEASE DO NOT ALTER WORDING ON THIS FORM OR MAIL YOUR LETTER WITH YOUR PAYMENT. Provide copies of all documentation that will help us investigate your dispute (e.g. contracts, invoices, detailed letter, sales slips, return receipts, or second opinions).

Your Name: _____ Account Number: _____
Posting Date: _____ Transaction Date: _____ Reference Number: _____
Amount: _____ Disputed Amount: _____ Merchant Name: _____

Below tell us why you think the item noted above is in error. **Check one box only.**

☐ 1. I certify that I do not recognize the transaction. I have attempted to contact the merchant to verify this transaction.

☐ 2. I certify that the charge listed above was not made by me or a person authorized by me to use my card, nor were the goods or services represented by the transaction received by me or authorized by me.

☐ 3. Although I did engage in a transaction with this merchant, I was billed for _____ transaction(s) totaling $ _____ that I did not engage in. I have my card in my possession. If available, enclose a copy of the sales slip for the valid charge.

☐ 4. I have not received the merchandise that was to be shipped to me on ___ /___ /___ (MM/DD/YY). I have asked the merchant to credit my account.

☐ 5. Merchandise shipped to me was not as described. Please explain in detail and if applicable provide proof of return.

☐ 6. Merchandise shipped to me arrived damaged and/or defective. I returned it on ___ /___ /___ (MM/DD/YY) and asked the merchant to credit my account. Please provide proof of return and describe how the merchandise was damaged and/or defective.

☐ 7. Although I did engage in the above transaction, I dispute the entire charge or a portion in the amount of $_____. I have contacted the merchant, returned the merchandise on ___ /___ /___ (MM/DD/YY) and requested a credit adjustment. I am disputing this charge because _____
Please supply proof of return or if unable to return merchandise please explain. _____

☐ 8. I notified the merchant on ___ /___ /___ (MM/DD/YY) to cancel the preauthorized order or reservation. Please note cancellation # and if available, enclose a copy of your telephone bill showing date and time of cancellation. Reason for cancellation: _____

☐ 9. Although I did engage in the above transaction, I have contacted the merchant for credit. The services to be provided on ___ /___ /___ (MM/DD/YY) were not received. Please describe the services to be received and explain the merchants failure to provide the services.

☐ 10. I was issued a credit slip that was not shown on my statement. **A copy of my credit slip is enclosed.** If the merchant has agreed to issue a credit, be advised the merchant has up to 30 days to supply this credit to your account.

☐ 11. The amount of the charge was increased from $_____ to $_____ or my sales slip was added incorrectly. **Enclosed is a copy of the sales slip that shows the correct amount.**

☐ 12. Other: Please explain _____

Merchants often provide telephone numbers with their names on your billing statement. If you do not recognize a transaction, attempt first to contact the merchant for transaction information.

Cardholder Signature (required): _____ **Date:** _____

Home Telephone: (_____) _____ **Business Telephone:** (_____) _____

PLEASE KEEP A COPY OF BOTH SIDE OF THIS STATEMENT FOR YOUR RECORDS

PAYMENTS

We credit a payment as of the date we receive it if the payment is: 1) received by 5:00 p.m. (Eastern Time) Monday through Friday (except legal holidays). 2) received at the payment address indicated on the front of this statement. 3) paid with a check drawn in U.S. dollars on a U.S. financial Institution or a U.S. dollar money order, and 4) sent in the return envelope with only the bottom portion of your statement accompanying it. Payments received after 5:00 p.m. (Eastern Time) Friday, but that otherwise meet the above requirements, will be processed on the next business day, which is usually the following Monday. Saturdays, Sundays, and holidays are not business days. Credit for payments received in any other manner may be delayed up to five business days, during which time finance charges, if applicable will continue to accrue. We will reject any payments that are not drawn in U.S. dollars and those drawn on a financial institution located outside of the United States. Please do not send cash, credit cards, correspondence, staples or paper clips with your payment. Mail your payment at least 7 days in advance of the payment due date to ensure timely delivery.

SERVICE FOR THE HEARING IMPAIRED: 888.500.6267

CUSTOMER CORRESPONDENCE

If you prefer to send a written inquiry regarding your account, please send the request to: **BANK OF AMERICA, PO BOX 15184, WILMINGTON, DE, 19850-5184, US.** This address should not be utilized to dispute merchant transactions appearing on your billing statement. Please see the paragraph above for instructions regarding dispute procedures.

T = 020 - 16111770 - 003318 - 0002 - 0002 - 7

WorldPoints

Bank of America WorldPoints® Rewards for Business Company Statement

Bank of America

Credit Limit	$1,000	Billing Date	06-26-09
Cash Limit	$200	Days in Billing Cycle	31
Cash Advance Balance	$0.00	Payment Due Date	07-21-09
Available Credit	$110	Minimum Payment Due	$16.85
		New Balance	**$890.14**

CENTAUR GIRL PROD INC
11100 8 SEPULVEDA BLVD #512

Company Account Number:
4339 9300 1359 5469

COMPANY DETAIL

Posting Date	Sale Date	Category	Reference Number	Transactions	Amount
06-15	06-14		16574405350000501276116	PAYMENT RECEIVED -- THANK YOU	63.46CR
06-26	06-26			PURCHASE *FINANCE CHARGE*	8.03

T = 057 - 16112070 - 009547 - 0001 - 0002 - 7

WorldPoints

Bank of America WorldPoints® Rewards for Business Company Statement

Bank of America

Credit Limit	$1,000	Billing Date	07-26-09
Cash Limit	$200	Days in Billing Cycle	30
Cash Advance Balance	$0.00	Payment Due Date	08-18-09
Available Credit	$90	Minimum Payment Due	$45.58
		New Balance	**$909.85**

CENTAUR GIRL PROD INC
11100 8 SEPULVEDA BLVD #512

Company Account Number:
4339 9300 1359 5469

8/16/09
45.58
2632
paid

COMPANY SUMMARY

CENTAUR GIRL PROD IN 4339 9300 1359 5469	Previous Balance	- Payments	- Credits	+ Purchases/Other Debits/Fees	+ Cash Advances	+ Finance Charges	= New Balance
Company Total	$890.14	$16.85	$0.00	$29.00	$0.00	$7.56	$909.85

BUSINESS WORLDPOINTS REWARDS SUMMARY

Beginning Balance	1,478	Monthly Bonus Points	0
Monthly Points Earned	0	Net Points Transferred	0
Monthly Points Redeemed	0	**Points Available**	**1,478**
Adjustments	0		

To redeem your points call 1.800.673.1044 or visit www.bankofamerica.com

Customer Service
800.673.1044, 24 hours
www.bankofamerica.com

Outside the U.S.
509.353.6656, 24 hours

For Lost or Stolen Card:
800.673.1044, 24 hours

Send Billing Inquiries to:
BANK OF AMERICA
PO BOX 15184
WILMINGTON DE 19850-5184

Finance Charges Total **Annual Percentage Rate** 10.24%

	Average Daily Balance	Daily Periodic Rate	Annual Percentage Rate	Periodic Finance Charge
PURCHASES	$897.32	0.02806%	10.24%	$7.56
CASH	$0.00	0.06641%	24.24%	$0.00

Company Account Summary

Previous Balance		$890.14
Payments	-	$16.85
Credits	-	$0.00
Purchases/Other Debits/Other Fees	+	$0.00
Cash Advances	+	$0.00
Overlimit Fees	+	$0.00
Late Payment Fees	+	$29.00
Finance Charge	+	$7.56
New Balance	=	$909.85

CUSTOMER STATEMENT OF DISPUTED ITEM (You must use a separate form for each dispute. Please print.)

If you believe a transaction on your statement is an error, complete and sign a copy of this form using blue or black ink, or write a detailed letter on a separate sheet of paper. Then return it to: **PO Box 53101, Phoenix, AZ 85072-3101** no later than 60 days after we sent you the first bill on which the transaction or error appeared. You do not have to pay any amount in question while we are investigating, but you are obligated to pay the parts of your bill that are not in question.

PLEASE DO NOT ALTER WORDING ON THIS FORM OR MAIL YOUR LETTER WITH YOUR PAYMENT. Provide copies of all documentation that will help us investigate your dispute (e.g. contracts, invoices, detailed letter, sales slips, return receipts, or second opinions).

Your Name: _____ Account Number: _____
Posting Date: _____ Transaction Date: _____ Reference Number: _____
Amount: _____ Disputed Amount: _____ Merchant Name: _____

Below tell us why you think the item noted above is in error. **Check one box only.**

☐ 1. I certify that I do not recognize the transaction. I have attempted to contact the merchant to verify this transaction.

☐ 2. I certify that the charge listed above was not made by me or a person authorized by me to use my card, nor were the goods or services represented by the transaction received by me or authorized by me.

☐ 3. Although I did engage in a transaction with this merchant, I was billed for _____ transaction(s) totaling $ _____ that I did not engage in. I have my card in my possession. If available, enclose a copy of the sales slip for the valid charge.

☐ 4. I have not received the merchandise that was to be shipped to me on ___ /___ /___ (MM/DD/YY). I have asked the merchant to credit my account.

☐ 5. Merchandise shipped to me was not as described. Please explain in detail and if applicable provide proof of return.

☐ 6. Merchandise shipped to me arrived damaged and/or defective. I returned it on ___ /___ /___ (MM/DD/YY) and asked the merchant to credit my account. Please provide proof of return and describe how the merchandise was damaged and/or defective.

☐ 7. Although I did engage in the above transaction, I dispute the entire charge or a portion in the amount of $_____. I have contacted the merchant, returned the merchandise on ___ /___ /___ (MM/DD/YY) and requested a credit adjustment. I am disputing this charge because _____
Please supply proof of return or if unable to return merchandise please explain.

☐ 8. I notified the merchant on ___ /___ /___ (MM/DD/YY) to cancel the preauthorized order or reservation. Please note cancellation # and if available, enclose a copy of your telephone bill showing date and time of cancellation. Reason for cancellation: _____

☐ 9. Although I did engage in the above transaction, I have contacted the merchant for credit. The services to be provided on ___ /___ /___ (MM/DD/YY) were not received. Please describe the services to be received and explain the merchants failure to provide the services.

☐ 10. I was issued a credit slip that was not shown on my statement. **A copy of my credit slip is enclosed.** If the merchant has agreed to issue a credit, be advised the merchant has up to 30 days to supply this credit to your account.

☐ 11. The amount of the charge was increased from $_____ to $_____ or my sales slip was added incorrectly. **Enclosed is a copy of the sales slip that shows the correct amount.**

☐ 12. Other: Please explain _____

Merchants often provide telephone numbers with their names on your billing statement. If you do not recognize a transaction, attempt first to contact the merchant for transaction information.

Cardholder Signature (required): _____ **Date:** _____

Home Telephone: (_____) _____ **Business Telephone:** (_____) _____

PLEASE KEEP A COPY OF BOTH SIDE OF THIS STATEMENT FOR YOUR RECORDS

PAYMENTS

We credit a payment as of the date we receive it if the payment is: 1) received by 5:00 p.m. (Eastern Time) Monday through Friday (except legal holidays). 2) received at the payment address indicated on the front of this statement. 3) paid with a check drawn in U.S. dollars on a U.S. financial Institution or a U.S. dollar money order, and 4) sent in the return envelope with only the bottom portion of your statement accompanying it. Payments received after 5:00 p.m. (Eastern Time) Friday, but that otherwise meet the above requirements, will be processed on the next business day, which is usually the following Monday. Saturdays, Sundays, and holidays are not business days. Credit for payments received in any other manner may be delayed up to five business days, during which time finance charges, if applicable will continue to accrue. We will reject any payments that are not drawn in U.S. dollars and those drawn on a financial institution located outside of the United States. Please do not send cash, credit cards, correspondence, staples or paper clips with your payment. Mail your payment at least 7 days in advance of the payment due date to ensure timely delivery.

SERVICE FOR THE HEARING IMPAIRED: 888.500.6267

CUSTOMER CORRESPONDENCE

If you prefer to send a written inquiry regarding your account, please send the request to: **BANK OF AMERICA, PO BOX 15184, WILMINGTON, DE, 19850-5184, US.** This address should not be utilized to dispute merchant transactions appearing on your billing statement. Please see the paragraph above for instructions regarding dispute procedures.

T= 057 - 16112070 - 009547 - 0002 - 0002 - 7

WorldPoints

Bank of America WorldPoints® Rewards for Business Company Statement

Bank of America

Credit Limit	$1,000	Billing Date	07-26-09
Cash Limit	$200	Days in Billing Cycle	30
Cash Advance Balance	$0.00	Payment Due Date	08-18-09
Available Credit	$90	Minimum Payment Due	$45.58
		New Balance	**$909.85**

CENTAUR GIRL PROD INC
11100 8 SEPULVEDA BLVD #512

Company Account Number:
4339 9300 1359 5469

COMPANY DETAIL

Posting Date	Sale Date	Category	Reference Number	Transactions	Amount
07-21	07-21			LATE PAYMENT FEE	29.00
07-23	07-23		20474405350000501184263	PAYMENT RECEIVED -- THANK YOU	16.85CR
07-24	07-24			PURCHASE *FINANCE CHARGE*	7.56

T= 022 - 16112990 - 003524 - 0001 - 0002 - 7

WorldPoints

Bank of America WorldPoints® Rewards for Business Company Statement

Bank of America

Credit Limit	$1,000	Billing Date	10-26-09
Cash Limit	$200	Days in Billing Cycle	30
Cash Advance Balance	$0.00	Payment Due Date	11-20-09
Available Credit	$71	Minimum Payment Due	$92.09
		New Balance	**$928.92**

CENTAUR GIRL PROD INC
11100 8 SEPULVEDA BLVD #512

Company Account Number:
4339 9300 1359 5469

COMPANY SUMMARY

CENTAUR GIRL PROD IN 4339 9300 1359 5469	Previous Balance	- Payments	- Credits	+ Purchases/Other Debits/Fees	+ Cash Advances	+ Finance Charges	= New Balance
Company Total	$938.13	$45.86	$0.00	$29.00	$0.00	$7.65	$928.92

HAVE YOU FORGOTTEN? YOUR ACCOUNT IS PAST DUE. IF PAYMENT HAS ALREADY BEEN MADE, THANK YOU AND PLEASE DISREGARD THIS REMINDER. PLEASE CALL (800)673.1044.

Customer Service
800.673.1044, 24 hours
www.bankofamerica.com

Outside the U.S.
509.353.6656, 24 hours

For Lost or Stolen Card:
800.673.1044, 24 hours

Send Billing Inquiries to:
BANK OF AMERICA
PO BOX 15184
WILMINGTON DE 19850-5184

Finance Charges Total **Annual Percentage Rate** 10.24%

	Average Daily Balance	Daily Periodic Rate	Annual Percentage Rate	Periodic Finance Charge
PURCHASES	$907.87	0.02806%	10.24%	$7.65
CASH	$0.00	0.06641%	24.24%	$0.00

Company Account Summary

Previous Balance		$938.13
Payments	-	$45.86
Credits	-	$0.00
Purchases/Other Debits/Other Fees	+	$0.00
Cash Advances	+	$0.00
Overlimit Fees	+	$0.00
Late Payment Fees	+	$29.00
Finance Charge	+	$7.65
New Balance	=	$928.92

Please see the reverse side for information about your account.

Please return coupon with your payment.

Business Card Payment Coupon

Bank of America

☐ **Check box and indicate address change on reverse.**

Company Account No.	4339 9300 1359 5469
Payment Due Date	11-20-09
Minimum Payment Due	$92.09
New Balance	$928.92

Please Enter Amount Enclosed $ _____.

Make check or money order payable to:
BUSINESS CARD
Mail payment to address below.

CENTAUR GIRL PROD INC
11100 8 SEPULVEDA BLVD #512
MISSION HILLS CA 91345-1101

**P0014931

BUSINESS CARD
PO BOX 15710
WILMINGTON DE 19886-5710

433993001359546900092090092892

⑆549990011⑆000300135954691⑈

CUSTOMER STATEMENT OF DISPUTED ITEM (You must use a separate form for each dispute. Please print.)

If you believe a transaction on your statement is an error, complete and sign a copy of this form using blue or black ink, or write a detailed letter on a separate sheet of paper. Then return it to: **PO Box 53101, Phoenix, AZ 85072-3101** no later than 60 days after we sent you the first bill on which the transaction or error appeared. You do not have to pay any amount in question while we are investigating, but you are obligated to pay the parts of your bill that are not in question.

PLEASE DO NOT ALTER WORDING ON THIS FORM OR MAIL YOUR LETTER WITH YOUR PAYMENT. Provide copies of all documentation that will help us investigate your dispute (e.g. contracts, invoices, detailed letter, sales slips, return receipts, or second opinions).

Your Name: _____ Account Number: _____
Posting Date: _____ Transaction Date: _____ Reference Number: _____
Amount: _____ Disputed Amount: _____ Merchant Name: _____

Below tell us why you think the item noted above is in error. **Check one box only.**

☐ 1. I certify that I do not recognize the transaction. I have attempted to contact the merchant to verify this transaction.

☐ 2. I certify that the charge listed above was not made by me or a person authorized by me to use my card, nor were the goods or services represented by the transaction received by me or authorized by me.

☐ 3. Although I did engage in a transaction with this merchant, I was billed for _____ transaction(s) totaling $ _____ that I did not engage in. I have my card in my possession. If available, enclose a copy of the sales slip for the valid charge.

☐ 4. I have not received the merchandise that was to be shipped to me on ___ /___ /___ (MM/DD/YY). I have asked the merchant to credit my account.

☐ 5. Merchandise shipped to me was not as described. Please explain in detail and if applicable provide proof of return.

☐ 6. Merchandise shipped to me arrived damaged and/or defective. I returned it on ___ /___ /___ (MM/DD/YY) and asked the merchant to credit my account. Please provide proof of return and describe how the merchandise was damaged and/or defective.

☐ 7. Although I did engage in the above transaction, I dispute the entire charge or a portion in the amount of $_____. I have contacted the merchant, returned the merchandise on ___ /___ /___ (MM/DD/YY) and requested a credit adjustment. I am disputing this charge because _____
Please supply proof of return or if unable to return merchandise please explain.

☐ 8. I notified the merchant on ___ /___ /___ (MM/DD/YY) to cancel the preauthorized order or reservation. Please note cancellation # and if available, enclose a copy of your telephone bill showing date and time of cancellation. Reason for cancellation: _____

☐ 9. Although I did engage in the above transaction, I have contacted the merchant for credit. The services to be provided on ___ /___ /___ (MM/DD/YY) were not received. Please describe the services to be received and explain the merchants failure to provide the services.

☐ 10. I was issued a credit slip that was not shown on my statement. **A copy of my credit slip is enclosed.** If the merchant has agreed to issue a credit, be advised the merchant has up to 30 days to supply this credit to your account.

☐ 11. The amount of the charge was increased from $_____ to $_____ or my sales slip was added incorrectly. **Enclosed is a copy of the sales slip that shows the correct amount.**

☐ 12. Other: Please explain _____

Merchants often provide telephone numbers with their names on your billing statement. If you do not recognize a transaction, attempt first to contact the merchant for transaction information.

Cardholder Signature (required): _____ **Date:** _____

Home Telephone: (_____)_____ **Business Telephone:** (_____)_____

PLEASE KEEP A COPY OF BOTH SIDE OF THIS STATEMENT FOR YOUR RECORDS

PAYMENTS

We credit a payment as of the date we receive it if the payment is: 1) received by 5:00 p.m. (Eastern Time) Monday through Friday (except legal holidays). 2) received at the payment address indicated on the front of this statement. 3) paid with a check drawn in U.S. dollars on a U.S. financial Institution or a U.S. dollar money order, and 4) sent in the return envelope with only the bottom portion of your statement accompanying it. Payments received after 5:00 p.m. (Eastern Time) Friday, but that otherwise meet the above requirements, will be processed on the next business day, which is usually the following Monday. Saturdays, Sundays, and holidays are not business days. Credit for payments received in any other manner may be delayed up to five business days, during which time finance charges, if applicable will continue to accrue. We will reject any payments that are not drawn in U.S. dollars and those drawn on a financial institution located outside of the United States. Please do not send cash, credit cards, correspondence, staples or paper clips with your payment. Mail your payment at least 7 days in advance of the payment due date to ensure timely delivery.

SERVICE FOR THE HEARING IMPAIRED: 888.500.6267

CUSTOMER CORRESPONDENCE

If you prefer to send a written inquiry regarding your account, please send the request to: **BANK OF AMERICA, PO BOX 15184, WILMINGTON, DE, 19850-5184, US.** This address should not be utilized to dispute merchant transactions appearing on your billing statement. Please see the paragraph above for instructions regarding dispute procedures.

CHANGE OF ADDRESS OR TELEPHONE NUMBER? PLEASE MAKE THE CHANGE BELOW, OR VISIT US ONLINE.

PLEASE PRINT LEGIBLY.

Cardholder Name Change

Address

Address

City State

ZIP

() – Home Telephone

() – Business Telephone

For address changes on all accounts in your program, have the authorized contact mail a request to,
BANK OF AMERICA, PO BOX 15184, WILMINGTON, DE, 19850-5184, US

T= 022 - 16112990 - 003524 - 0002 - 0002 - 7

WorldPoints

Bank of America WorldPoints® Rewards for Business Company Statement

Bank of America

Credit Limit	$1,000	Billing Date	10-26-09
Cash Limit	$200	Days in Billing Cycle	30
Cash Advance Balance	$0.00	Payment Due Date	11-20-09
Available Credit	$71	Minimum Payment Due	$92.09
		New Balance	**$928.92**

CENTAUR GIRL PROD INC
11100 8 SEPULVEDA BLVD #512

Company Account Number:
4339 9300 1359 5469

BUSINESS WORLDPOINTS REWARDS SUMMARY

Beginning Balance	1,478	Monthly Bonus Points	0
Monthly Points Earned	0	Net Points Transferred	0
Monthly Points Redeemed	0	**Points Available**	**1,478**
Adjustments	0		

To redeem your points call 1.800.673.1044 or visit www.bankofamerica.com

COMPANY DETAIL

Posting Date	Sale Date	Category	Reference Number	Transactions	Amount
10-02	10-01		27474405350000502958124	PAYMENT RECEIVED -- THANK YOU	45.86CR
10-21	10-21			LATE PAYMENT FEE	29.00
10-26	10-26			PURCHASE *FINANCE CHARGE*	7.65

T = 033 - 16113300 - 005788 - 0001 - 2002 - 7

WorldPoints

Bank of America WorldPoints® Rewards for Business Company Statement

Bank of America

Credit Limit	$1,000	Billing Date	11-26-09
Cash Limit	$200	Days in Billing Cycle	31
Cash Advance Balance	$0.00	Payment Due Date	12-20-09
Available Credit	$34	Minimum Payment Due	$138.85
		New Balance	**$966.10**

CENTAUR GIRL PROD INC
11100 8 SEPULVEDA BLVD #512

Company Account Number:
4339 9300 1359 5469

COMPANY SUMMARY

CENTAUR GIRL PROD IN 4339 9300 1359 5469	Previous Balance	- Payments	- Credits	+ Purchases/Other Debits/Fees	+ Cash Advances	+ Finance Charges	= New Balance
Company Total	$928.92	$0.00	$0.00	$29.00	$0.00	$8.18	$966.10

YOUR ACCOUNT IS TWO PAYMENTS PAST DUE. PLEASE MAIL YOUR MINIMUM PAYMENT TODAY OR CONTACT US AT (866)729-9138.

Customer Service
800.673.1044, 24 hours
www.bankofamerica.com

Outside the U.S.
509.353.6656, 24 hours

For Lost or Stolen Card:
800.673.1044, 24 hours

Send Billing Inquiries to:
BANK OF AMERICA
PO BOX 15184
WILMINGTON DE 19850-5184

Finance Charges Total **Annual Percentage Rate** 10.24%

	Average Daily Balance	Daily Periodic Rate	Annual Percentage Rate	Periodic Finance Charge
PURCHASES	$939.39	0.02806%	10.24%	$8.18
CASH	$0.00	0.06641%	24.24%	$0.00

Company Account Summary

Previous Balance		$928.92
Payments	-	$0.00
Credits	-	$0.00
Purchases/Other Debits/Other Fees	+	$0.00
Cash Advances	+	$0.00
Overlimit Fees	+	$0.00
Late Payment Fees	+	$29.00
Finance Charge	+	$8.18
New Balance	=	$966.10

Please see the reverse side for information about your account.

Please return coupon with your payment.

Business Card Payment Coupon

Bank of America

☐ **Check box and indicate address change on reverse.**

Company Account No.	4339 9300 1359 5469
Payment Due Date	12-20-09
Minimum Payment Due	$138.85
New Balance	$966.10

Please Enter Amount Enclosed $ _____.

Make check or money order payable to:
BUSINESS CARD
Mail payment to address below.

CENTAUR GIRL PROD INC
11100 8 SEPULVEDA BLVD #512
MISSION HILLS CA 91345-1101

**P0018551

BUSINESS CARD
PO BOX 15710
WILMINGTON DE 19886-5710

43399300135954690013885009661O

I:549990011:000300135954691"

CUSTOMER STATEMENT OF DISPUTED ITEM (You must use a separate form for each dispute. Please print.)

If you believe a transaction on your statement is an error, complete and sign a copy of this form using blue or black ink, or write a detailed letter on a separate sheet of paper. Then return it to: **PO Box 53101, Phoenix, AZ 85072-3101** no later than 60 days after we sent you the first bill on which the transaction or error appeared. You do not have to pay any amount in question while we are investigating, but you are obligated to pay the parts of your bill that are not in question.

PLEASE DO NOT ALTER WORDING ON THIS FORM OR MAIL YOUR LETTER WITH YOUR PAYMENT. Provide copies of all documentation that will help us investigate your dispute (e.g. contracts, invoices, detailed letter, sales slips, return receipts, or second opinions).

Your Name: _____ Account Number: _____
Posting Date: _____ Transaction Date: _____ Reference Number: _____
Amount: _____ Disputed Amount: _____ Merchant Name: _____

Below tell us why you think the item noted above is in error. **Check one box only.**

☐ 1. I certify that I do not recognize the transaction. I have attempted to contact the merchant to verify this transaction.

☐ 2. I certify that the charge listed above was not made by me or a person authorized by me to use my card, nor were the goods or services represented by the transaction received by me or authorized by me.

☐ 3. Although I did engage in a transaction with this merchant, I was billed for _____ transaction(s) totaling $ _____ that I did not engage in. I have my card in my possession. If available, enclose a copy of the sales slip for the valid charge.

☐ 4. I have not received the merchandise that was to be shipped to me on ___ /___ /___ (MM/DD/YY). I have asked the merchant to credit my account.

☐ 5. Merchandise shipped to me was not as described. Please explain in detail and if applicable provide proof of return.

☐ 6. Merchandise shipped to me arrived damaged and/or defective. I returned it on ___ /___ /___ (MM/DD/YY) and asked the merchant to credit my account. Please provide proof of return and describe how the merchandise was damaged and/or defective.

☐ 7. Although I did engage in the above transaction, I dispute the entire charge or a portion in the amount of $_____. I have contacted the merchant, returned the merchandise on ___ /___ /___ (MM/DD/YY) and requested a credit adjustment. I am disputing this charge because _____
Please supply proof of return or if unable to return merchandise please explain. _____

☐ 8. I notified the merchant on ___ /___ /___ (MM/DD/YY) to cancel the preauthorized order or reservation. Please note cancellation # and if available, enclose a copy of your telephone bill showing date and time of cancellation. Reason for cancellation: _____

☐ 9. Although I did engage in the above transaction, I have contacted the merchant for credit. The services to be provided on ___ /___ /___ (MM/DD/YY) were not received. Please describe the services to be received and explain the merchants failure to provide the services.

☐ 10. I was issued a credit slip that was not shown on my statement. **A copy of my credit slip is enclosed.** If the merchant has agreed to issue a credit, be advised the merchant has up to 30 days to supply this credit to your account.

☐ 11. The amount of the charge was increased from $_____ to $_____ or my sales slip was added incorrectly. **Enclosed is a copy of the sales slip that shows the correct amount.**

☐ 12. Other: Please explain _____

Merchants often provide telephone numbers with their names on your billing statement. If you do not recognize a transaction, attempt first to contact the merchant for transaction information.

Cardholder Signature (required): _____ **Date:** _____

Home Telephone: (_____) _____ **Business Telephone:** (_____) _____

PLEASE KEEP A COPY OF BOTH SIDE OF THIS STATEMENT FOR YOUR RECORDS

PAYMENTS

We credit a payment as of the date we receive it if the payment is: 1) received by 5:00 p.m. (Eastern Time) Monday through Friday (except legal holidays). 2) received at the payment address indicated on the front of this statement. 3) paid with a check drawn in U.S. dollars on a U.S. financial Institution or a U.S. dollar money order, and 4) sent in the return envelope with only the bottom portion of your statement accompanying it. Payments received after 5:00 p.m. (Eastern Time) Friday, but that otherwise meet the above requirements, will be processed on the next business day, which is usually the following Monday. Saturdays, Sundays, and holidays are not business days. Credit for payments received in any other manner may be delayed up to five business days, during which time finance charges, if applicable will continue to accrue. We will reject any payments that are not drawn in U.S. dollars and those drawn on a financial institution located outside of the United States. Please do not send cash, credit cards, correspondence, staples or paper clips with your payment. Mail your payment at least 7 days in advance of the payment due date to ensure timely delivery.

SERVICE FOR THE HEARING IMPAIRED: 888.500.6267

CUSTOMER CORRESPONDENCE

If you prefer to send a written inquiry regarding your account, please send the request to: **BANK OF AMERICA, PO BOX 15184, WILMINGTON, DE, 19850-5184, US.** This address should not be utilized to dispute merchant transactions appearing on your billing statement. Please see the paragraph above for instructions regarding dispute procedures.

CHANGE OF ADDRESS OR TELEPHONE NUMBER? PLEASE MAKE THE CHANGE BELOW, OR VISIT US ONLINE.

PLEASE PRINT LEGIBLY.

Cardholder Name Change

Address

Address

City State

ZIP

(___) ___ – ____ (___) ___ – ____
Home Telephone Business Telephone

For address changes on all accounts in your program, have the authorized contact mail a request to,
BANK OF AMERICA, PO BOX 15184, WILMINGTON, DE, 19850-5184, US

T = 033 - 16113300 - 005789 - 0002 - 0002 - 7

WorldPoints

Bank of America WorldPoints® Rewards for Business Company Statement

Bank of America

Credit Limit	$1,000	Billing Date	11-26-09
Cash Limit	$200	Days in Billing Cycle	31
Cash Advance Balance	$0.00	Payment Due Date	12-20-09
Available Credit	$34	Minimum Payment Due	$138.85
		New Balance	**$966.10**

CENTAUR GIRL PROD INC
11100 8 SEPULVEDA BLVD #512

Company Account Number:
4339 9300 1359 5469

BUSINESS WORLDPOINTS REWARDS SUMMARY

Beginning Balance	1,478	Monthly Bonus Points	0
Monthly Points Earned	0	Net Points Transferred	0
Monthly Points Redeemed	0	**Points Available**	**1,478**
Adjustments	0		

To redeem your points call 1.800.673.1044 or visit www.bankofamerica.com

COMPANY DETAIL

Posting Date	Sale Date	Category	Reference Number	Transactions	Amount
11-20	11-20			LATE PAYMENT FEE	29.00
11-25	11-25			PURCHASE *FINANCE CHARGE*	8.18

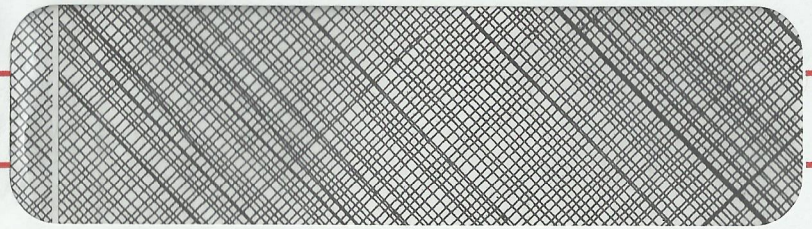
P.O. Box 15463
Wilmington, DE 19850-5463

Bank of America

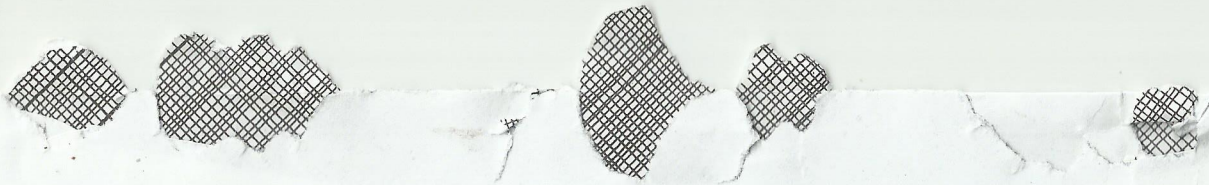
PRESORTED
FIRST-CLASS MAIL

U.S. POSTAGE
PAID

SERVICE CENTER
31909



Your statement is enclosed.



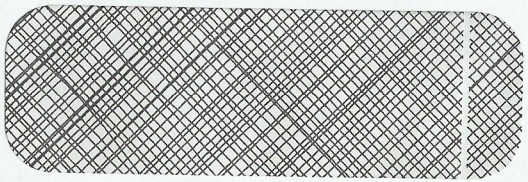
Contains post-consumer recycled paper. Window material is recyclable.

F08-0331-2 -0307

Name

Street

City State Zip



Contains post-consumer recycled paper.

F08-0336-7 -0407

T= 067 - 16113600 - 011454 - 0001 - 0002 - 7

WorldPoints

Bank of America WorldPoints® Rewards for Business Company Statement

Bank of America

Credit Limit	$0	Billing Date	12-26-09
Cash Limit	$200	Days in Billing Cycle	30
Cash Advance Balance	$0.00	Payment Due Date	01-18-10
Available Credit	$0	Minimum Payment Due	$199.80
		New Balance	**$1,017.10**

CENTAUR GIRL PROD INC
11100 8 SEPULVEDA BLVD #512

Company Account Number:
4339 9300 1359 5469

COMPANY SUMMARY

CENTAUR GIRL PROD IN 4339 9300 1359 5469	Previous Balance	- Payments	- Credits	+ Purchases/Other Debits/Fees	+ Cash Advances	+ Finance Charges	= New Balance
Company Total	$966.10	$0.00	$0.00	$29.00	$0.00	$22.00	$1,017.10

IN ACCORDANCE WITH YOUR CARDHOLDER AGREEMENT, YOUR ACCOUNT HAS BEEN MOVED INTO PENALTY RATE PRICING FOR MISSING TWO (2) CONSECUTIVE MINIMUM PAYMENTS. YOUR ACCOUNT WILL RETURN TO THE REGULAR INTEREST RATES AFTER YOU MAKE THE MINIMUM PAYMENT DUE ON-TIME FOR SIX (6) CONSECUTIVE MONTHS.

YOUR ACCOUNT IS 60 DAYS PAST DUE AND HAS BEEN REFERRED TO OUR COLLECTIONS DEPARTMENT. PLEASE CONTACT US AT (866)729-9138.

Customer Service
800.673.1044, 24 hours
www.bankofamerica.com

Outside the U.S.
509.353.6656, 24 hours

For Lost or Stolen Card:
800.673.1044, 24 hours

Send Billing Inquiries to:
BANK OF AMERICA
PO BOX 15184
WILMINGTON DE 19850-5184

Finance Charges Total **Annual Percentage Rate** 27.24%

	Average Daily Balance	Daily Periodic Rate	Annual Percentage Rate	Periodic Finance Charge
PURCHASES	$982.44	0.07463%	27.24%	$22.00
CASH	$0.00	0.07463%	27.24%	$0.00

Company Account Summary

Previous Balance		$966.10
Payments	-	$0.00
Credits	-	$0.00
Purchases/Other Debits/Other Fees	+	$0.00
Cash Advances	+	$0.00
Overlimit Fees	+	$0.00
Late Payment Fees	+	$29.00
Finance Charge	+	$22.00
New Balance	=	$1,017.10

Please see the reverse side for information about your account.

Please return coupon with your payment.

Business Card Payment Coupon

Bank of America

☐ **Check box and indicate address change on reverse.**

Company Account No.	4339 9300 1359 5469
Payment Due Date	01-18-10
Minimum Payment Due	$199.80
New Balance	$1,017.10

Please Enter Amount Enclosed $ _____.

Make check or money order payable to:
BUSINESS CARD
Mail payment to address below.

CENTAUR GIRL PROD INC
11100 8 SEPULVEDA BLVD #512
MISSION HILLS CA 91345-1101

**PO022048

BUSINESS CARD
PO BOX 15710
WILMINGTON DE 19886-5710

433993001359546900199800101710

⑆549990011⑆000300135954691⑈

CUSTOMER STATEMENT OF DISPUTED ITEM (You must use a separate form for each dispute. Please print.)

If you believe a transaction on your statement is an error, complete and sign a copy of this form using blue or black ink, or write a detailed letter on a separate sheet of paper. Then return it to: **PO Box 53101, Phoenix, AZ 85072-3101** no later than 60 days after we sent you the first bill on which the transaction or error appeared. You do not have to pay any amount in question while we are investigating, but you are obligated to pay the parts of your bill that are not in question.

PLEASE DO NOT ALTER WORDING ON THIS FORM OR MAIL YOUR LETTER WITH YOUR PAYMENT. Provide copies of all documentation that will help us investigate your dispute (e.g. contracts, invoices, detailed letter, sales slips, return receipts, or second opinions).

Your Name: _____ Account Number: _____
Posting Date: _____ Transaction Date: _____ Reference Number: _____
Amount: _____ Disputed Amount: _____ Merchant Name: _____

Below tell us why you think the item noted above is in error. **Check one box only.**

☐ 1. I certify that I do not recognize the transaction. I have attempted to contact the merchant to verify this transaction.

☐ 2. I certify that the charge listed above was not made by me or a person authorized by me to use my card, nor were the goods or services represented by the transaction received by me or authorized by me.

☐ 3. Although I did engage in a transaction with this merchant, I was billed for _____ transaction(s) totaling $ _____ that I did not engage in. I have my card in my possession. If available, enclose a copy of the sales slip for the valid charge.

☐ 4. I have not received the merchandise that was to be shipped to me on ___ /___ /___ (MM/DD/YY). I have asked the merchant to credit my account.

☐ 5. Merchandise shipped to me was not as described. Please explain in detail and if applicable provide proof of return.

☐ 6. Merchandise shipped to me arrived damaged and/or defective. I returned it on ___ /___ /___ (MM/DD/YY) and asked the merchant to credit my account. Please provide proof of return and describe how the merchandise was damaged and/or defective.

☐ 7. Although I did engage in the above transaction, I dispute the entire charge or a portion in the amount of $_____. I have contacted the merchant, returned the merchandise on ___ /___ /___ (MM/DD/YY) and requested a credit adjustment. I am disputing this charge because _____
Please supply proof of return or if unable to return merchandise please explain.

☐ 8. I notified the merchant on ___ /___ /___ (MM/DD/YY) to cancel the preauthorized order or reservation. Please note cancellation # and if available, enclose a copy of your telephone bill showing date and time of cancellation. Reason for cancellation: _____

☐ 9. Although I did engage in the above transaction, I have contacted the merchant for credit. The services to be provided on ___ /___ /___ (MM/DD/YY) were not received. Please describe the services to be received and explain the merchants failure to provide the services.

☐ 10. I was issued a credit slip that was not shown on my statement. **A copy of my credit slip is enclosed.** If the merchant has agreed to issue a credit, be advised the merchant has up to 30 days to supply this credit to your account.

☐ 11. The amount of the charge was increased from $_____ to $_____ or my sales slip was added incorrectly. **Enclosed is a copy of the sales slip that shows the correct amount.**

☐ 12. Other: Please explain _____

Merchants often provide telephone numbers with their names on your billing statement. If you do not recognize a transaction, attempt first to contact the merchant for transaction information.

Cardholder Signature (required): _____ **Date:** _____

Home Telephone: (_____) _____ **Business Telephone:** (_____) _____

PLEASE KEEP A COPY OF BOTH SIDE OF THIS STATEMENT FOR YOUR RECORDS

PAYMENTS

We credit a payment as of the date we receive it if the payment is: 1) received by 5:00 p.m. (Eastern Time) Monday through Friday (except legal holidays). 2) received at the payment address indicated on the front of this statement. 3) paid with a check drawn in U.S. dollars on a U.S. financial Institution or a U.S. dollar money order, and 4) sent in the return envelope with only the bottom portion of your statement accompanying it. Payments received after 5:00 p.m. (Eastern Time) Friday, but that otherwise meet the above requirements, will be processed on the next business day, which is usually the following Monday. Saturdays, Sundays, and holidays are not business days. Credit for payments received in any other manner may be delayed up to five business days, during which time finance charges, if applicable will continue to accrue. We will reject any payments that are not drawn in U.S. dollars and those drawn on a financial institution located outside of the United States. Please do not send cash, credit cards, correspondence, staples or paper clips with your payment. Mail your payment at least 7 days in advance of the payment due date to ensure timely delivery.

SERVICE FOR THE HEARING IMPAIRED: 888.500.6267

CUSTOMER CORRESPONDENCE

If you prefer to send a written inquiry regarding your account, please send the request to: **BANK OF AMERICA, PO BOX 15184, WILMINGTON, DE, 19850-5184, US.** This address should not be utilized to dispute merchant transactions appearing on your billing statement. Please see the paragraph above for instructions regarding dispute procedures.

CHANGE OF ADDRESS OR TELEPHONE NUMBER? PLEASE MAKE THE CHANGE BELOW, OR VISIT US ONLINE.

PLEASE PRINT LEGIBLY.

Cardholder Name Change

Address

Address

City

State

ZIP

() – Home Telephone

() – Business Telephone

For address changes on all accounts in your program, have the authorized contact mail a request to, BANK OF AMERICA, PO BOX 15184, WILMINGTON, DE, 19850-5184, US

T = 067 - 16113600 - 011454 - 0002 - 0002 - 7

WorldPoints

Bank of America WorldPoints® Rewards for Business Company Statement

Bank of America

Credit Limit	$0	Billing Date	12-26-09
Cash Limit	$200	Days in Billing Cycle	30
Cash Advance Balance	$0.00	Payment Due Date	01-18-10
Available Credit	$0	Minimum Payment Due	$199.80
		New Balance	**$1,017.10**

CENTAUR GIRL PROD INC
11100 8 SEPULVEDA BLVD #512

Company Account Number:
4339 9300 1359 5469

BUSINESS WORLDPOINTS REWARDS SUMMARY

Beginning Balance	1,478	Monthly Bonus Points	0
Monthly Points Earned	0	Net Points Transferred	0
Monthly Points Redeemed	0	**Points Available**	**1,478**
Adjustments	0		

To redeem your points call 1.800.673.1044 or visit www.bankofamerica.com

COMPANY DETAIL

Posting Date	Sale Date	Category	Reference Number	Transactions	Amount
12-21	12-21			LATE PAYMENT FEE	29.00
12-24	12-24			PURCHASE *FINANCE CHARGE*	22.00

T= 019 - 16110260 - 003103 - 0001 - 0002 - 7

WorldPoints

Bank of America WorldPoints® Rewards for Business Company Statement

Bank of America

Credit Limit	$0	Billing Date	01-26-10
Cash Limit	$200	Days in Billing Cycle	31
Cash Advance Balance	$0.00	Payment Due Date	02-20-10
Available Credit	$0	Minimum Payment Due	$273.75
		New Balance	**$1,119.10**

CENTAUR GIRL PROD INC
11100 8 SEPULVEDA BLVD #512

Company Account Number:
4339 9300 1359 5469

COMPANY SUMMARY

CENTAUR GIRL PROD IN 4339 9300 1359 5469	Previous Balance	- Payments	- Credits	+ Purchases/Other Debits/Fees	+ Cash Advances	+ Finance Charges	= New Balance
Company Total	$1,017.10	$0.00	$0.00	$78.00	$0.00	$24.00	$1,119.10

YOUR ACCOUNT IS NOW 90 DAYS PAST DUE. PLEASE CONTACT US IMMEDIATELY AT (866)729-9068 TO MAKE ARRANGEMENTS FOR PAYMENT.

Customer Service
800.673.1044, 24 hours
www.bankofamerica.com

Outside the U.S.
509.353.6656, 24 hours

For Lost or Stolen Card:
800.673.1044, 24 hours

Send Billing Inquiries to:
BANK OF AMERICA
PO BOX 15184
WILMINGTON DE 19850-5184

Finance Charges — Total Annual Percentage Rate 27.24%

	Average Daily Balance	Daily Periodic Rate	Annual Percentage Rate	Periodic Finance Charge
PURCHASES	$1,037.39	0.07463%	27.24%	$24.00
CASH	$0.00	0.07463%	27.24%	$0.00

Company Account Summary

Previous Balance		$1,017.10
Payments	-	$0.00
Credits	-	$0.00
Purchases/Other Debits/Other Fees	+	$0.00
Cash Advances	+	$0.00
Overlimit Fees	+	$39.00
Late Payment Fees	+	$39.00
Finance Charge	+	$24.00
New Balance	=	$1,119.10

Please see the reverse side for information about your account.

Please return coupon with your payment.

Business Card Payment Coupon

Bank of America

☐ **Check box and indicate address change on reverse.**

Company Account No.	4339 9300 1359 5469
Payment Due Date	02-20-10
Minimum Payment Due	$273.75
New Balance	$1,119.10

Please Enter Amount Enclosed $ _____.

Make check or money order payable to:
BUSINESS CARD
Mail payment to address below.

CENTAUR GIRL PROD INC
11100 8 SEPULVEDA BLVD #512
MISSION HILLS CA 91345-1101

**P0014553

BUSINESS CARD
PO BOX 15710
WILMINGTON DE 19886-5710

43399300135954690027375011191O

⑆549999011⑆000300135954691⑈

CUSTOMER STATEMENT OF DISPUTED ITEM (You must use a separate form for each dispute. Please print.)

If you believe a transaction on your statement is an error, complete and sign a copy of this form using blue or black ink, or write a detailed letter on a separate sheet of paper. Then return it to: **PO Box 53101, Phoenix, AZ 85072-3101** no later than 60 days after we sent you the first bill on which the transaction or error appeared. You do not have to pay any amount in question while we are investigating, but you are obligated to pay the parts of your bill that are not in question.

PLEASE DO NOT ALTER WORDING ON THIS FORM OR MAIL YOUR LETTER WITH YOUR PAYMENT. Provide copies of all documentation that will help us investigate your dispute (e.g. contracts, invoices, detailed letter, sales slips, return receipts, or second opinions).

Your Name: _____ Account Number: _____
Posting Date: _____ Transaction Date: _____ Reference Number: _____
Amount: _____ Disputed Amount: _____ Merchant Name: _____

Below tell us why you think the item noted above is in error. **Check one box only.**

☐ 1. I certify that I do not recognize the transaction. I have attempted to contact the merchant to verify this transaction.

☐ 2. I certify that the charge listed above was not made by me or a person authorized by me to use my card, nor were the goods or services represented by the transaction received by me or authorized by me.

☐ 3. Although I did engage in a transaction with this merchant, I was billed for _____ transaction(s) totaling $ _____ that I did not engage in. I have my card in my possession. If available, enclose a copy of the sales slip for the valid charge.

☐ 4. I have not received the merchandise that was to be shipped to me on ___ /___ /___ (MM/DD/YY). I have asked the merchant to credit my account.

☐ 5. Merchandise shipped to me was not as described. Please explain in detail and if applicable provide proof of return.

☐ 6. Merchandise shipped to me arrived damaged and/or defective. I returned it on ___ /___ /___ (MM/DD/YY) and asked the merchant to credit my account. Please provide proof of return and describe how the merchandise was damaged and/or defective.

☐ 7. Although I did engage in the above transaction, I dispute the entire charge or a portion in the amount of $_____. I have contacted the merchant, returned the merchandise on ___ /___ /___ (MM/DD/YY) and requested a credit adjustment. I am disputing this charge because _____
Please supply proof of return or if unable to return merchandise please explain.

☐ 8. I notified the merchant on ___ /___ /___ (MM/DD/YY) to cancel the preauthorized order or reservation. Please note cancellation # and if available, enclose a copy of your telephone bill showing date and time of cancellation. Reason for cancellation: _____

☐ 9. Although I did engage in the above transaction, I have contacted the merchant for credit. The services to be provided on ___ /___ /___ (MM/DD/YY) were not received. Please describe the services to be received and explain the merchants failure to provide the services.

☐ 10. I was issued a credit slip that was not shown on my statement. **A copy of my credit slip is enclosed.** If the merchant has agreed to issue a credit, be advised the merchant has up to 30 days to supply this credit to your account.

☐ 11. The amount of the charge was increased from $_____ to $_____ or my sales slip was added incorrectly. **Enclosed is a copy of the sales slip that shows the correct amount.**

☐ 12. Other: Please explain _____

Merchants often provide telephone numbers with their names on your billing statement. If you do not recognize a transaction, attempt first to contact the merchant for transaction information.

Cardholder Signature (required): _____ **Date:** _____

Home Telephone: (_____) _____ **Business Telephone:** (_____) _____

PLEASE KEEP A COPY OF BOTH SIDE OF THIS STATEMENT FOR YOUR RECORDS

PAYMENTS

We credit a payment as of the date we receive it if the payment is: 1) received by 5:00 p.m. (Eastern Time) Monday through Friday (except legal holidays). 2) received at the payment address indicated on the front of this statement. 3) paid with a check drawn in U.S. dollars on a U.S. financial Institution or a U.S. dollar money order, and 4) sent in the return envelope with only the bottom portion of your statement accompanying it. Payments received after 5:00 p.m. (Eastern Time) Friday, but that otherwise meet the above requirements, will be processed on the next business day, which is usually the following Monday. Saturdays, Sundays, and holidays are not business days. Credit for payments received in any other manner may be delayed up to five business days, during which time finance charges, if applicable will continue to accrue. We will reject any payments that are not drawn in U.S. dollars and those drawn on a financial institution located outside of the United States. Please do not send cash, credit cards, correspondence, staples or paper clips with your payment. Mail your payment at least 7 days in advance of the payment due date to ensure timely delivery.

SERVICE FOR THE HEARING IMPAIRED: 888.500.6267

CUSTOMER CORRESPONDENCE

If you prefer to send a written inquiry regarding your account, please send the request to: **BANK OF AMERICA, PO BOX 15184, WILMINGTON, DE, 19850-5184, US.** This address should not be utilized to dispute merchant transactions appearing on your billing statement. Please see the paragraph above for instructions regarding dispute procedures.

CHANGE OF ADDRESS OR TELEPHONE NUMBER? PLEASE MAKE THE CHANGE BELOW, OR VISIT US ONLINE.

PLEASE PRINT LEGIBLY.

Cardholder Name Change

Address

Address

City State

ZIP

() – Home Telephone

() – Business Telephone

For address changes on all accounts in your program, have the authorized contact mail a request to,
BANK OF AMERICA, PO BOX 15184, WILMINGTON, DE, 19850-5184, US

T = 019 - 16110260 - 003103 - 0002 - 0002 - 7

WorldPoints

Bank of America WorldPoints® Rewards for Business Company Statement

Bank of America

Credit Limit	$0	Billing Date	01-26-10
Cash Limit	$200	Days in Billing Cycle	31
Cash Advance Balance	$0.00	Payment Due Date	02-20-10
Available Credit	$0	Minimum Payment Due	$273.75
		New Balance	**$1,119.10**

CENTAUR GIRL PROD INC
11100 8 SEPULVEDA BLVD #512

Company Account Number:
4339 9300 1359 5469

BUSINESS WORLDPOINTS REWARDS SUMMARY

Beginning Balance	1,478	Monthly Bonus Points	0
Monthly Points Earned	0	Net Points Transferred	0
Monthly Points Redeemed	0	**Points Available**	**1,478**
Adjustments	0		

To redeem your points call 1.800.673.1044 or visit www.bankofamerica.com

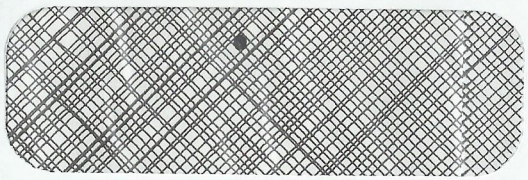
COMPANY DETAIL

Posting Date	Sale Date	Category	Reference Number	Transactions	Amount
01-20	01-20			LATE PAYMENT FEE	39.00
01-26	01-26			PURCHASE *FINANCE CHARGE*	24.00
01-26	01-26			OVERLIMIT FEE	39.00

Name

Street

City State Zip



Contains post-consumer recycled paper.

F08-0336-7 -0407

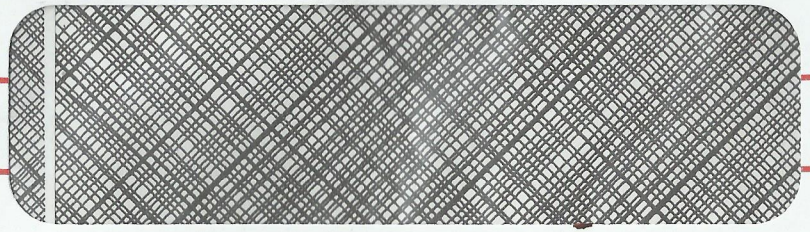
P.O. Box 15463
Wilmington, DE 19850-5463

Bank of America

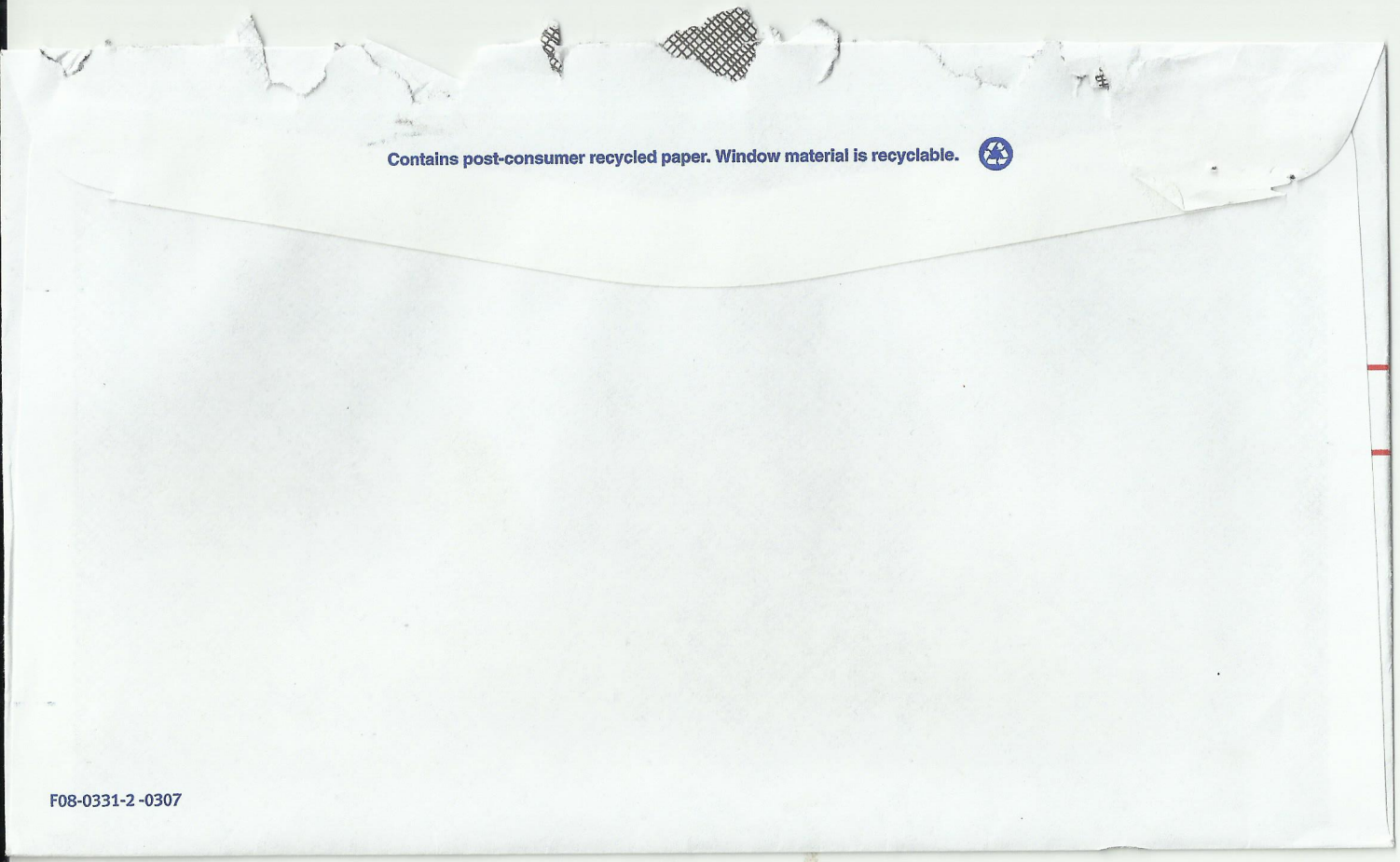
PRESORTED
FIRST-CLASS MAIL

U.S. POSTAGE
PAID

SERVICE CENTER
31909



Your statement is enclosed.


Contains post-consumer recycled paper. Window material is recyclable.
F08-0331-2 -0307

T = 023 - 16110570 - 003792 - 0001 - 0002 - 7

WorldPoints

Bank of America WorldPoints® Rewards for Business Company Statement

Bank of America

Credit Limit	$0	Billing Date	02-26-10
Cash Limit	$200	Days in Billing Cycle	31
Cash Advance Balance	$0.00	Payment Due Date	03-23-10
Available Credit	$0	Minimum Payment Due	$351.40
		New Balance	**$1,223.78**

CENTAUR GIRL PROD INC
11100 8 SEPULVEDA BLVD #512

Company Account Number:
4339 9300 1359 5469

COMPANY SUMMARY

CENTAUR GIRL PROD IN 4339 9300 1359 5469	Previous Balance	- Payments	- Credits	+ Purchases/Other Debits/Fees	+ Cash Advances	+ Finance Charges	= New Balance
Company Total	$1,119.10	$0.00	$0.00	$78.00	$0.00	$26.68	$1,223.78

YOUR ACCOUNT IS NOW 120 DAYS PAST DUE. PLEASE CONTACT OUR OFFICE IMMEDIATELY TO DISCUSS POSSIBLE ALTERNATIVES TO ASSIST YOU IN BRINGING YOUR ACCOUNT CURRENT. PLEASE CALL (866)729-9144.

Customer Service
800.673.1044, 24 hours
www.bankofamerica.com

Outside the U.S.
509.353.6656, 24 hours

For Lost or Stolen Card:
800.673.1044, 24 hours

Send Billing Inquiries to:
BANK OF AMERICA
PO BOX 15184
WILMINGTON DE 19850-5184

Finance Charges Total **Annual Percentage Rate** 27.24%

	Average Daily Balance	Daily Periodic Rate	Annual Percentage Rate	Periodic Finance Charge
PURCHASES	$1,153.18	0.07463%	27.24%	$26.68
CASH	$0.00	0.07463%	27.24%	$0.00

Company Account Summary

Previous Balance		$1,119.10
Payments	-	$0.00
Credits	-	$0.00
Purchases/Other Debits/Other Fees	+	$0.00
Cash Advances	+	$0.00
Overlimit Fees	+	$39.00
Late Payment Fees	+	$39.00
Finance Charge	+	$26.68
New Balance	=	$1,223.78

Please see the reverse side for information about your account.

Please return coupon with your payment.

Business Card Payment Coupon

Bank of America

☐ **Check box and indicate address change on reverse.**

Company Account No.	4339 9300 1359 5469
Payment Due Date	03-23-10
Minimum Payment Due	$351.40
New Balance	$1,223.78

Please Enter Amount Enclosed $ _____.

Make check or money order payable to:
BUSINESS CARD
Mail payment to address below.

CENTAUR GIRL PROD INC
11100 8 SEPULVEDA BLVD #512
MISSION HILLS CA 91345-1101

**P0016114

BUSINESS CARD
PO BOX 15710
WILMINGTON DE 19886-5710

43399300135954690035140012237 8

⑆549990011⑆000300135954690⑈

CUSTOMER STATEMENT OF DISPUTED ITEM (You must use a separate form for each dispute. Please print.)

If you believe a transaction on your statement is an error, complete and sign a copy of this form using blue or black ink, or write a detailed letter on a separate sheet of paper. Then return it to: **PO Box 53101, Phoenix, AZ 85072-3101** no later than 60 days after we sent you the first bill on which the transaction or error appeared. You do not have to pay any amount in question while we are investigating, but you are obligated to pay the parts of your bill that are not in question.

PLEASE DO NOT ALTER WORDING ON THIS FORM OR MAIL YOUR LETTER WITH YOUR PAYMENT. Provide copies of all documentation that will help us investigate your dispute (e.g. contracts, invoices, detailed letter, sales slips, return receipts, or second opinions).

Your Name: _____ Account Number: _____
Posting Date: _____ Transaction Date: _____ Reference Number: _____
Amount: _____ Disputed Amount: _____ Merchant Name: _____

Below tell us why you think the item noted above is in error. **Check one box only.**

☐ 1. I certify that I do not recognize the transaction. I have attempted to contact the merchant to verify this transaction.

☐ 2. I certify that the charge listed above was not made by me or a person authorized by me to use my card, nor were the goods or services represented by the transaction received by me or authorized by me.

☐ 3. Although I did engage in a transaction with this merchant, I was billed for _____ transaction(s) totaling $ _____ that I did not engage in. I have my card in my possession. If available, enclose a copy of the sales slip for the valid charge.

☐ 4. I have not received the merchandise that was to be shipped to me on ___ /___ /___ (MM/DD/YY). I have asked the merchant to credit my account.

☐ 5. Merchandise shipped to me was not as described. Please explain in detail and if applicable provide proof of return.

☐ 6. Merchandise shipped to me arrived damaged and/or defective. I returned it on ___ /___ /___ (MM/DD/YY) and asked the merchant to credit my account. Please provide proof of return and describe how the merchandise was damaged and/or defective.

☐ 7. Although I did engage in the above transaction, I dispute the entire charge or a portion in the amount of $_____. I have contacted the merchant, returned the merchandise on ___ /___ /___ (MM/DD/YY) and requested a credit adjustment. I am disputing this charge because _____
Please supply proof of return or if unable to return merchandise please explain. _____

☐ 8. I notified the merchant on ___ /___ /___ (MM/DD/YY) to cancel the preauthorized order or reservation. Please note cancellation # and if available, enclose a copy of your telephone bill showing date and time of cancellation. Reason for cancellation: _____

☐ 9. Although I did engage in the above transaction, I have contacted the merchant for credit. The services to be provided on ___ /___ /___ (MM/DD/YY) were not received. Please describe the services to be received and explain the merchants failure to provide the services.

☐ 10. I was issued a credit slip that was not shown on my statement. **A copy of my credit slip is enclosed.** If the merchant has agreed to issue a credit, be advised the merchant has up to 30 days to supply this credit to your account.

☐ 11. The amount of the charge was increased from $_____ to $_____ or my sales slip was added incorrectly. **Enclosed is a copy of the sales slip that shows the correct amount.**

☐ 12. Other: Please explain _____

Merchants often provide telephone numbers with their names on your billing statement. If you do not recognize a transaction, attempt first to contact the merchant for transaction information.

Cardholder Signature (required): _____ **Date:** _____

Home Telephone: (_____)_____ **Business Telephone:** (_____)_____

PLEASE KEEP A COPY OF BOTH SIDE OF THIS STATEMENT FOR YOUR RECORDS

PAYMENTS

We credit a payment as of the date we receive it if the payment is: 1) received by 5:00 p.m. (Eastern Time) Monday through Friday (except legal holidays). 2) received at the payment address indicated on the front of this statement. 3) paid with a check drawn in U.S. dollars on a U.S. financial Institution or a U.S. dollar money order, and 4) sent in the return envelope with only the bottom portion of your statement accompanying it. Payments received after 5:00 p.m. (Eastern Time) Friday, but that otherwise meet the above requirements, will be processed on the next business day, which is usually the following Monday. Saturdays, Sundays, and holidays are not business days. Credit for payments received in any other manner may be delayed up to five business days, during which time finance charges, if applicable will continue to accrue. We will reject any payments that are not drawn in U.S. dollars and those drawn on a financial institution located outside of the United States. Please do not send cash, credit cards, correspondence, staples or paper clips with your payment. Mail your payment at least 7 days in advance of the payment due date to ensure timely delivery.

SERVICE FOR THE HEARING IMPAIRED: 888.500.6267

CUSTOMER CORRESPONDENCE

If you prefer to send a written inquiry regarding your account, please send the request to: **BANK OF AMERICA, PO BOX 15184, WILMINGTON, DE, 19850-5184, US.** This address should not be utilized to dispute merchant transactions appearing on your billing statement. Please see the paragraph above for instructions regarding dispute procedures.

CHANGE OF ADDRESS OR TELEPHONE NUMBER? PLEASE MAKE THE CHANGE BELOW, OR VISIT US ONLINE.

PLEASE PRINT LEGIBLY.

Cardholder Name Change

Address

Address

City State

ZIP

() – Home Telephone

() – Business Telephone

For address changes on all accounts in your program, have the authorized contact mail a request to,
BANK OF AMERICA, PO BOX 15184, WILMINGTON, DE, 19850-5184, US

T = 023 - 16110570 - 003792 - 0002 - 0002 - 7

WorldPoints

Bank of America WorldPoints® Rewards for Business Company Statement

Bank of America

Credit Limit	$0	Billing Date	02-26-10
Cash Limit	$200	Days in Billing Cycle	31
Cash Advance Balance	$0.00	Payment Due Date	03-23-10
Available Credit	$0	Minimum Payment Due	$351.40
		New Balance	**$1,223.78**

CENTAUR GIRL PROD INC
11100 8 SEPULVEDA BLVD #512

Company Account Number:
4339 9300 1359 5469

BUSINESS WORLDPOINTS REWARDS SUMMARY

Beginning Balance	1,478	Monthly Bonus Points	0
Monthly Points Earned	0	Net Points Transferred	0
Monthly Points Redeemed	0	**Points Available**	**1,478**
Adjustments	0		

To redeem your points call 1.800.673.1044 or visit www.bankofamerica.com

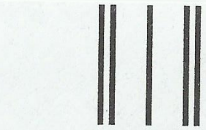
COMPANY DETAIL

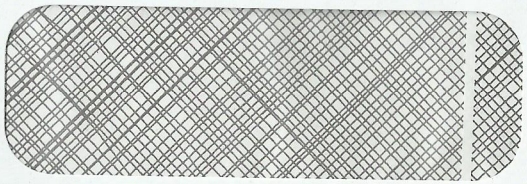
Posting Date	Sale Date	Category	Reference Number	Transactions	Amount
02-15	02-15			OVERLIMIT FEE	39.00
02-22	02-22			LATE PAYMENT FEE	39.00
02-26	02-26			PURCHASE *FINANCE CHARGE*	26.68

Name

Street

City State Zip







Contains post-consumer recycled paper.

F08-0336-7 -0407

T = 024 - 16110850 - 004000 - 0001 - 0002 - 7

WorldPoints

Bank of America WorldPoints® Rewards for Business Company Statement

Bank of America

Credit Limit	$0	Billing Date	03-26-10
Cash Limit	$200	Days in Billing Cycle	28
Cash Advance Balance	$0.00	Payment Due Date	04-22-10
Available Credit	$0	Minimum Payment Due	$429.58
		New Balance	**$1,327.94**

CENTAUR GIRL PROD INC
11100 8 SEPULVEDA BLVD #512

Company Account Number:
4339 9300 1359 5469

COMPANY SUMMARY

CENTAUR GIRL PROD IN 4339 9300 1359 5469	Previous Balance	- Payments	- Credits	+ Purchases/Other Debits/Fees	+ Cash Advances	+ Finance Charges	= New Balance
Company Total	$1,223.78	$0.00	$0.00	$78.00	$0.00	$26.16	$1,327.94

YOUR ACCOUNT IS 150 DAYS PAST DUE. IT IS IMPERATIVE THAT YOU CONTACT US WITHOUT DELAY TO MAKE ARRANGEMENTS TO AVOID CHARGEOFF. PLEASE CALL (866)821-0563.

Customer Service
800.673.1044, 24 hours
www.bankofamerica.com

Outside the U.S.
509.353.6656, 24 hours

For Lost or Stolen Card:
800.673.1044, 24 hours

Send Billing Inquiries to:
BANK OF AMERICA
PO BOX 15184
WILMINGTON DE 19850-5184

Finance Charges Total **Annual Percentage Rate** 27.24%

	Average Daily Balance	Daily Periodic Rate	Annual Percentage Rate	Periodic Finance Charge
PURCHASES	$1,251.55	0.07463%	27.24%	$26.16
CASH	$0.00	0.07463%	27.24%	$0.00

Company Account Summary

Previous Balance		$1,223.78
Payments	-	$0.00
Credits	-	$0.00
Purchases/Other Debits/Other Fees	+	$0.00
Cash Advances	+	$0.00
Overlimit Fees	+	$39.00
Late Payment Fees	+	$39.00
Finance Charge	+	$26.16
New Balance	=	$1,327.94

Please see the reverse side for information about your account.

Please return coupon with your payment.

Business Card Payment Coupon

Bank of America

☐ **Check box and indicate address change on reverse.**

Company Account No.	4339 9300 1359 5469
Payment Due Date	04-22-10
Minimum Payment Due	$429.58
New Balance	$1,327.94

Please Enter Amount Enclosed $ _____.

Make check or money order payable to:
BUSINESS CARD
Mail payment to address below.

CENTAUR GIRL PROD INC
11100 8 SEPULVEDA BLVD #512
MISSION HILLS CA 91345-1101

**P0016111

BUSINESS CARD
PO BOX 15710
WILMINGTON DE 19886-5710

43399300135954690042958013279 4

:549990011:000300135954690

CUSTOMER STATEMENT OF DISPUTED ITEM (You must use a separate form for each dispute. Please print.)

If you believe a transaction on your statement is an error, complete and sign a copy of this form using blue or black ink, or write a detailed letter on a separate sheet of paper. Then return it to: **PO Box 53101, Phoenix, AZ 85072-3101** no later than 60 days after we sent you the first bill on which the transaction or error appeared. You do not have to pay any amount in question while we are investigating, but you are obligated to pay the parts of your bill that are not in question.

PLEASE DO NOT ALTER WORDING ON THIS FORM OR MAIL YOUR LETTER WITH YOUR PAYMENT. Provide copies of all documentation that will help us investigate your dispute (e.g. contracts, invoices, detailed letter, sales slips, return receipts, or second opinions).

Your Name: _____ Account Number: _____
Posting Date: _____ Transaction Date: _____ Reference Number: _____
Amount: _____ Disputed Amount: _____ Merchant Name: _____

Below tell us why you think the item noted above is in error. **Check one box only.**

☐ 1. I certify that I do not recognize the transaction. I have attempted to contact the merchant to verify this transaction.

☐ 2. I certify that the charge listed above was not made by me or a person authorized by me to use my card, nor were the goods or services represented by the transaction received by me or authorized by me.

☐ 3. Although I did engage in a transaction with this merchant, I was billed for _____ transaction(s) totaling $ _____ that I did not engage in. I have my card in my possession. If available, enclose a copy of the sales slip for the valid charge.

☐ 4. I have not received the merchandise that was to be shipped to me on ___ /___ /___ (MM/DD/YY). I have asked the merchant to credit my account.

☐ 5. Merchandise shipped to me was not as described. Please explain in detail and if applicable provide proof of return.

☐ 6. Merchandise shipped to me arrived damaged and/or defective. I returned it on ___ /___ /___ (MM/DD/YY) and asked the merchant to credit my account. Please provide proof of return and describe how the merchandise was damaged and/or defective.

☐ 7. Although I did engage in the above transaction, I dispute the entire charge or a portion in the amount of $_____. I have contacted the merchant, returned the merchandise on ___ /___ /___ (MM/DD/YY) and requested a credit adjustment. I am disputing this charge because _____
Please supply proof of return or if unable to return merchandise please explain. _____

☐ 8. I notified the merchant on ___ /___ /___ (MM/DD/YY) to cancel the preauthorized order or reservation. Please note cancellation # and if available, enclose a copy of your telephone bill showing date and time of cancellation. Reason for cancellation: _____

☐ 9. Although I did engage in the above transaction, I have contacted the merchant for credit. The services to be provided on ___ /___ /___ (MM/DD/YY) were not received. Please describe the services to be received and explain the merchants failure to provide the services.

☐ 10. I was issued a credit slip that was not shown on my statement. **A copy of my credit slip is enclosed.** If the merchant has agreed to issue a credit, be advised the merchant has up to 30 days to supply this credit to your account.

☐ 11. The amount of the charge was increased from $_____ to $_____ or my sales slip was added incorrectly. **Enclosed is a copy of the sales slip that shows the correct amount.**

☐ 12. Other: Please explain _____

Merchants often provide telephone numbers with their names on your billing statement. If you do not recognize a transaction, attempt first to contact the merchant for transaction information.

Cardholder Signature (required): _____ **Date:** _____

Home Telephone: (_____) _____ **Business Telephone:** (_____) _____

PLEASE KEEP A COPY OF BOTH SIDE OF THIS STATEMENT FOR YOUR RECORDS

PAYMENTS

We credit a payment as of the date we receive it if the payment is: 1) received by 5:00 p.m. (Eastern Time) Monday through Friday (except legal holidays). 2) received at the payment address indicated on the front of this statement. 3) paid with a check drawn in U.S. dollars on a U.S. financial Institution or a U.S. dollar money order, and 4) sent in the return envelope with only the bottom portion of your statement accompanying it. Payments received after 5:00 p.m. (Eastern Time) Friday, but that otherwise meet the above requirements, will be processed on the next business day, which is usually the following Monday. Saturdays, Sundays, and holidays are not business days. Credit for payments received in any other manner may be delayed up to five business days, during which time finance charges, if applicable will continue to accrue. We will reject any payments that are not drawn in U.S. dollars and those drawn on a financial institution located outside of the United States. Please do not send cash, credit cards, correspondence, staples or paper clips with your payment. Mail your payment at least 7 days in advance of the payment due date to ensure timely delivery.

SERVICE FOR THE HEARING IMPAIRED: 888.500.6267

CUSTOMER CORRESPONDENCE

If you prefer to send a written inquiry regarding your account, please send the request to: **BANK OF AMERICA, PO BOX 15184, WILMINGTON, DE, 19850-5184, US.** This address should not be utilized to dispute merchant transactions appearing on your billing statement. Please see the paragraph above for instructions regarding dispute procedures.

CHANGE OF ADDRESS OR TELEPHONE NUMBER? PLEASE MAKE THE CHANGE BELOW, OR VISIT US ONLINE.

PLEASE PRINT LEGIBLY.

Cardholder Name Change

Address

Address

City State

ZIP

() – Home Telephone

() – Business Telephone

For address changes on all accounts in your program, have the authorized contact mail a request to,
BANK OF AMERICA, PO BOX 15184, WILMINGTON, DE, 19850-5184, US

WorldPoints

Bank of America

Bank of America WorldPoints® Rewards for Business Company Statement

Credit Limit	$0	Billing Date	03-26-10
Cash Limit	$200	Days in Billing Cycle	28
Cash Advance Balance	$0.00	Payment Due Date	04-22-10
Available Credit	$0	Minimum Payment Due	$429.58
		New Balance	**$1,327.94**

CENTAUR GIRL PROD INC
11100 8 SEPULVEDA BLVD #512

Company Account Number:
4339 9300 1359 5469

T = 024 - 16110850 - 004000 - 0002 - 0002 - 7

BUSINESS WORLDPOINTS REWARDS SUMMARY

Beginning Balance	1,478	Monthly Bonus Points	0
Monthly Points Earned	0	Net Points Transferred	0
Monthly Points Redeemed	0	**Points Available**	**1,478**
Adjustments	0		

To redeem your points call 1.800.673.1044 or visit www.bankofamerica.com

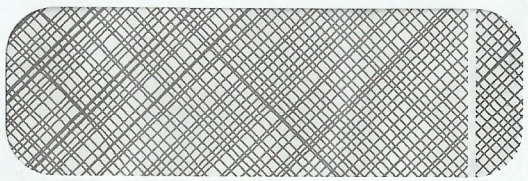
COMPANY DETAIL

Posting Date	Sale Date	Category	Reference Number	Transactions	Amount
03-18	03-18			OVERLIMIT FEE	39.00
03-25	03-25			LATE PAYMENT FEE	39.00
03-26	03-26			PURCHASE *FINANCE CHARGE*	26.16

Name

Street

City State Zip



Contains post-consumer recycled paper.

F08-0336-7 -0407

P.O. Box 15463
Wilmington, DE 19850-5463

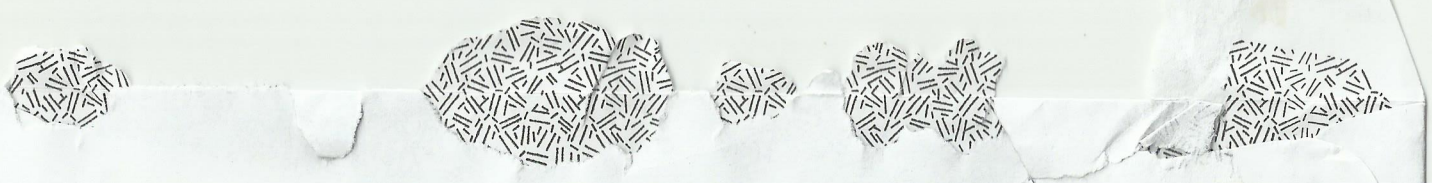
Bank of America

PRESORTED
FIRST-CLASS MAIL

U.S. POSTAGE
PAID

SERVICE CENTER
31909

Your statement is enclosed.



Contains post-consumer recycled paper. Window material is recyclable.

F08-0331-2 -0307